NEWSLETTER

THE ASSOCIATION OF FORMER PAHO/WHO STAFF MEMBERS

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King Penguin

Contents

Editorial

News from the AFSM Board

By Hernan Rosenberg

Sometimes it seems that not much is going on, but we want you to know that the PAHO AFSM Board is constantly looking for ways and activities to improve its performance, to better serve our membership, especially those living outside of the Washington Metro Area. Here are some examples.

- We decided to merge the Communications and the Publications Committees. In an era where most information is becoming digital, the separation between contents and medium is becoming more difficult to define. After the very successful migration of this Newsletter away from print, it seemed only logical that we consolidate our different means of communications under one common roof. Thus, the web, Facebook, the newsletter, the blast messages, and all other means of communication are now reporting to the same group. At the same time, we have prepared guidelines about reviewing submissions for each channel of communication and what topics are most appropriate to be considered for which publications. Thus, our members will be able to judge the urgency or reach of communications by noticing how they are transmitted. We also hope that the way our members communicate with us will also be simpler.
- The Outreach and the Membership committees have also been merged. Clearly there is a continuum between these two which sometimes made decisions complicated. This does not mean that functions or activities on those topics are eliminated, but rather that decision making will be faster and more consistent.
- The website is constantly being revised with the idea of it becoming the main source of information for our members. We invite you to visit, explore, and make suggestions to improve it. As we advance, it will be the main repository of all our documentation, including papers and photographs. We are also exploring ways to make access to certain functions restricted to members only. This will allow us to open access to the Membership Directory, which has been missed by many, but that we had to restrict for reasons of privacy. These are all more reasons for you to become familiar with the web.
- Following our previous announcements, we already had our first topical webinar, in this case it was about ageing and how to manage relations with health care providers as we age. We plan to have other topics, such as financial management with the cooperation of the Credit Union, and a global webinar with our sister AFSMs from other regions. Members have indicated they would like some training on computers and digital media. Feel free to make suggestions on other topics of general interest by contacting us at afsmpaho@gmail.com.

- We also streamlined the operations of the Facebook group. While we are aware that not everybody likes that medium, it does provide a platform for exchanges that are not so easy to otherwise share. There are lively discussions, problem solving, and information posted on the site for those who are interested.
- As we have kept you informed, the Global Council of AFSM has been established with our colleagues from Geneva and other regions. A seminar on the Decade of Healthy Ageing will take place later in the year to which we will all be invited. Our Association has taken a leading role in the development of the Council, as other regions are less prepared, or in some cases had not even formed their association prior to this exercise. The Director General of WHO has indicated his interest in and support of our activities.
- Based on the requests of our focal points in the countries, and following our meetings with the Director of PAHO, we are planning meetings with PWR's and focal points in their countries to familiarize the PWRs with AFSM and its focal points, and to identify ways to facilitate support of AFSM local activities by PAHO and vice versa.

As you can see, there is a lot going on. We certainly welcome your comments, but, even more importantly, we certainly welcome your participation. We urge you to volunteer and for those outside the DC area, please contact your focal point and let him/her know your needs and interests so we can all grow together.

Welcome to New Members of AFSM

Rafael Alberto Lopez Olarte, from Bogota, Colombia

Leda Villalobos Gonzalez, from San Jose, Costa Rica

Frances Pallen, from Geneva, Switzerland

Sandra Faith Anderson, from Tucson, Arizona, USA

Karen Gladbach, from Arlington, Virginia, USA

Letters to the Editor

(Comments received on the AFSM's Facebook Page)

"I love the Newsletter"

I am grateful for having a pension and Staff Health Insurance. Also, I appreciate Ivette Holder's good advice. Great article from Dr Sumedha Khana.

It was nice seeing you all aboard the retirees Cruise.

Looking forward to the first webinar on Healthy Aging, on 26 April 2022.

Thank you all.

Cecilia Jibaja

"My congratulations"

Congratulations to all the contributors, the editors, and the staff of the AFSM'S Newsletter. The March issue was very informative and entertaining, it was a real pleasure reading it.

Thanks to all,

Daniela Orozco Dashiell

Health Insurance and Pension Update

By Carol Collado

Health Insurance

Again, we begin with the COVID news. The eleventh meeting of the International Health Regulations (2005) Emergency Committee regarding the coronavirus disease (Covid-19) pandemic met in mid-April and "...unanimously agreed that the COVID-19 pandemic still constitutes an extraordinary event that continues to adversely affect the health of populations around the world, poses an ongoing risk of international spread and interference with international traffic, and requires a coordinated international response[1]". It continues to evolve and mutate, and because of its widespread circulation and intense transmission, it causes high levels of morbidity and mortality. Assessing the situation, the main concerns expressed were the: a) growing fatigue among communities worldwide in response to the COVID-19 Pandemic with relaxed public health surveillance and monitoring and reduced testing, impacting the global ability to monitor the evolution of the virus; b) challenges posed by the lack of trust in scientific guidance and government; c) inconsistency of global COVID-19 requirements for international travel; and d) inappropriate use of antivirals with the potential to cause drug-resistant varieties. Recommendations resulting from the analysis reflected these concerns, emphasizing continued public health monitoring; using data to prepare for potential future epidemics, research, individual and government risk approaches to public health measures such as wearing masks, staying home when sick, increased hand washing, and improving ventilation of indoor spaces, even in periods of low circulation of SARS-CoV-2; strengthening the response capabilities and availability of services; proactive responses to misinformation; and epidemiological investigation into the human-animal interface and transmission.

This Committee, that has been following the evolution of the coronavirus since January of 2020, reflects what we have been hearing - that we are going to have to confront this virus for the foreseeable future. Each of us makes our decisions as to what measures we will apply in our daily lives. Hopefully this is based on a risk-based approach which considers the rates of incidence in our place of residence, vaccination status, specific environment, and overall individual health, as well as our responsibilities for those near and dear. We do have known treatments for those who succumb, and after a spike in January cases appear to be diminishing in the Americas. However, the recommendations continue to advise that we consider all factors and take precautions. We remain a high-risk group, but we want to continue to pertain to that "healthy aging" cadre!

In the beginning of April, SHI HQ sent an email to all participants with a statement of staff health insurance contributions. Hopefully, you have now saved this in a place where it can be found easily when needed for taxes, estate planning, or other instances.

Mental health has finally begun to receive the attention it has merited. In Geneva, the Health Insurance General Standing Committee (GSC) has formed a working group to review all of the Rules in our insurance plan, identify the way in which mental health is represented and covered, benchmark with other international organizations, and identify gaps. Recommendations will be coming out of that group in time for the General Oversight Committee (GOC) to review them, and we should expect

1https://www.who.int/news/item/13-04-2022-statement-on-the-eleventh-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-coronavirus-disease-(covid-19)-pandemic

changes for next year. For those in the US who are covered by Medicare, mental health services have also expanded to cover telehealth diagnosis, evaluation, and treatment.

We hope that most of you were able to participate in the very interesting Healthy Aging Committee's first webinar on "How to get what matters most from your health care" on 26 April. Several experts presented the framework of a new empowering partnership model of care which positions the patient as a full participant and driver of the care direction. It is based on the premise that patients can and should define their own priorities according to their life goals and, based on them, define the doable tradeoffs to which they are willing to commit in order to have their own priorities met. The experts emphasized that this is especially important in the aging population for several reasons: many are dealing with several chronic health problems and there may not be sufficient coordination among different providers, and the evidence-based model of care relies on patterns established in a population that did not include the aging members. Therefore, there should be more options for change and flexibility in defining priorities as life circumstances change. A more extensive summary is included in this newsletter. However, if you missed the webinar, there is still time. The session is on the AFSM website https://www.afsmpaho.com/. For those who would like to learn more, can provide additional detail in https://myhealthpriorities.org

For those in the US and covered by Navitus

One thing that has come to our attention recently has to do with the use of generic drugs. In the majority of cases, generic drugs are equally as effective and beneficial as their brand name parallels, but significantly less costly. As you all know, balancing costs between benefits and expenses is a constant balancing effort for any insurance company. We have been fortunate in being able to keep costs low while offering an exceptional benefit coverage. Especially in the US where health costs rise exponentially, cost control is an essential piece of the whole package. Since we began the contract with Navitus in January 2021, the savings for our insurance program are estimated to be around $600,000, partly because of using generic prescriptions. Should you have an exceptional case in which your physician believes you need the brand name drug, make sure to ask the doctor to write the correct "Dispense as Written" (DAW-1) code that signifies that it is the MD who prefers the brand name. Should the code go in as patient preference, there will be a penalty surcharge added and you will find yourself paying considerably more.

Seasons are changing, so be prepared for seasonal disorders such as allergies, respiratory infections, inclement weather, pneumonias, risk of falls, among others. Be safe, take care, and remember...YOU are responsible for your healthy aging!!

Pension

In mid-March you all should have received a message from Pedro Guazo, the Representative of the General Secretary of the UN for investments regarding the strength, stability, and health of the Pension Fund's investments. It is comforting to know that amidst so much global turmoil, we can count on that. By now you should know that the Cost-of-Living Adjustment (COLA) letter is available, officially notifying of the 8.6% increase in pension payments. For some, there was confusion, thinking that the COLA would take effect on 1 April, whereas the stipulation is that the calculation began on 1 April and since our pension is paid one month in arrears, it should have been seen in your deposit at the beginning of May. One thing to note is that as we move into the digital age, more and more communication is coming through electronic means. UNJSPF has made the decision that it will not send a paper copy of the COLA letter to those who have signed up for Member Self Service (MSS). You can read it through that portal, as well as keep tabs on all the correspondence with UNJSPF, deductions for health insurance, etc. If you have not received either an email advising of the availability of the COLA on the MSS, or a paper copy, it is possible that the Fund does not

have your correct contact information. If you have doubts about this, please contact customer service at this email address hofer@un.org to update your information. We have strongly recommended that everyone sign up for MSS where your personal information is available 24/7. The information on how to do so can be found both on the UNJSPF and the AFSM websites. Any member of AFSM who has not yet done so and wishes assistance in doing so, please send AFSM a request at https://www.afsmpaho.com/ and we will find a way to make it a reality for you.

This is the time of the year in which we assist the Fund in trying to locate those pensioners whose Certificate of Entitlement (CE) was not registered in the UNJSPF rosters for 2021. This year, the number in the Region of the Americas was 64, down from the mid-eighties last year. AFSM is making extensive efforts, in collaboration with PAHO's HR and Pension Departments, and the PAHO/WHO Credit Union, and with dedicated efforts from our own focal points, to attempt to ensure that none of the retirees in this situation are subject to suspension. Many are the reasons that this can happen. The most common ones are moving and forgetting to let the UNJSPF know the new address, postal and communication problems (somewhat mitigated with the Member Self Service [MSS] and digital options for completing the CE requirement), and personal impaired management ability. We are especially concerned about those former staff who do not have access to digital means of communication. Although the deadline for submission has passed with the 20 of May, please take time to review the list of persons who we were unable to contact published in another part of this Newsletter and let them know to urgently contact the UNJSPF if you recognize anyone on the list.

There has been some confusion between the 2021 CE and that of this year 2022. Those who have completed the digital CE process (DCE) and are fully registered can complete their registration at any time during 2022, up until 31 December. For those who rely on paper copies or using the MSS certification upload, these documents will be available during the latter part of June of 2022. We will advise you when they are available so that all members will be aware that the CE completion process is available through paper and MSS. Paper copies are not scheduled to be sent to those who are registered in the digital process. Unfortunately, during the process of completing the DCE, several members have reported difficulties, and the UNJSPF has recognized problems with the process which are being resolved. For those in this position, you will be contacted by the DCE Unit at UNJSPF. We do not yet have information as to whether the Fund will post on the MSS as an alternative for the DCE, but we will keep you informed. Remember, you will have until 31 December 2022 to complete the CE process by one format or the other in 2022.

Because there has been a good deal of information circulating regarding the outsourcing of a portion of the management of the Fund's assets, the UNJSPF will be developing a series of educational offerings about the management of the fixed income portion of the assets. This series will consist of 8 virtual 30-minute sessions, to be held every Tuesday at 10 AM EST, starting 31 May 2022. As of now, there is no information to enable in-person attendance. However, these sessions will be recorded and posted on the UNJSPF website. They should be informative. Here is the link https://www.unjspf.org/fixed-income-portfolio-information-sessions/

Health Tips: Is Dementia Inevitable in Old Age?

By Martha Peláez

According to WHO "An estimated 50 million people live with dementia worldwide, 60% of whom are in low- and middle-income countries. With approximately 10 million people diagnosed with dementia every year, dementia is projected to affect 152 million by 2050.[1]" The Global Burden of Disease projected that the number of people with dementia in Latin America and the Caribbean will reach 13.7 million cases by 2050, representing a 205% increase, twice the projected increase for North America (USA and Canada)[2]. So, are we all headed to dementia?

Dementia has a profound impact on the life of not only the person suffering from the disease but also on the family that loves and cares for the person with dementia. As we grow older, the fear of living with dementia is real. The longer we live, the greater the risk of having dementia. However, the US National Institute on Aging and the international community of Alzheimer's researchers maintain that "While dementia is more common as people grow older, it is not a normal part of aging"[3].

It is common to use the terms 'dementia' and 'Alzheimer's Disease' interchangeably. This is understandable because Alzheimer's Disease is the most common type of dementia in older adults. There are other types of dementia, which are less frequent and which we will not talk about in this article. Alzheimer's Disease and Vascular Dementia are an irreversible, progressive brain disorder that slowly destroys memory and thinking skills and, eventually, the ability to carry out simple activities of daily living.

In this article we will focus on dementia of the Alzheimer's type: 1) What can we do to prevent it? and 2) What can we do to increase the quality of life of those living with the disease (both patient and caregiver)? For those who are interested in learning more about other types of dementia or about the diagnosis and treatment available for Alzheimer's Disease, and obtain more information for caregivers, we recommend a few sources that are very accessible to both medical professionals and lay persons:
WHO: https://www.who.int/news-room/fact-sheets/detail/dementia
PAHO/WHO: https://www.paho.org/en/topics/dementia

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[1] Towards a dementia-inclusive society: WHO toolkit for dementia-friendly initiatives (DFIs). Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IG https://www.who.int/news/item/06-08-2021-who-launches-new-toolkit-to-promote-dementia-inclusive-societies

[2] GBD 2019 Dementia Forecasting Collaborators. Estimation of the global prevalence of dementia in 2019 and forecasted prevalence in 2050: an analysis for the Global Burden of Disease Study 2019. Lancet Public Health. 2022 Jan 6:S2468-2667(21)00249-8.

[3] https://www.nia.nih.gov/health/alzheimers/basics

Alzheimer's Disease International: https://www.alzint.org
National Institute on Aging, (US National Institutes of Health):

https://www.nia.nih.gov/health/alzheimers/basics
https://www.nia.nih.gov/health/frequently-asked-questions-about-alzheimers-disease

1. What can we do to prevent Alzheimer's Disease?

Studies have shown that whatever we do to improve our heart health, our mental health, our cognition, and our environment will improve our brain health and protect us from dementia[4]. There is sufficient evidence to promote the following to decrease modifiable risk factors of Alzheimer's disease:

Heart health: Stay physically active; do not smoke; avoid harmful use of alcohol; eat a healthy diet; control weight; and maintain healthy blood pressure, cholesterol, and sugar levels.

Mental health: Manage depression and avoid social isolation.

Environmental health: Pollution is a well-documented risk factor for dementia. Protect yourself and your home environment from pollution as much as possible.

Cognition: No matter our level of education; learning something new every day has been shown to be a protective factor against dementia. If suffering from hearing loss, wear prescribed hearing aids.

At present, the result of a study of nearly 2,000 cognitively normal adults aged 70 and older found that participating for about 4 years in crafts, computer use, and social activities was associated with a lower risk of Alzheimer's-related cognitive impairment[5]. At present many studies are ongoing to determine what elements of cognitive training works better than others, but currently we continue to see studies supporting the simple recommendation: stay cognitively active, continue to learn, continue to use your mind - all as protecting factors against Alzheimer's Disease.

In summary, good health habits and a good environment are strong protective factors against dementia of the Alzheimer's type. The good news is that we can begin to make significant changes in our daily lives to promote healthy living habits, regardless of our age. Our mantra continues to be: "It is never too late…". We also recognize that we need

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[4] https://www.who.int/publications/i/item/9789241550543

[5] Krell-Roesch J, Vemuri P, Pink A, Roberts RO, Stokin GB, Mielke MM, Christianson TJ, Knopman DS, Petersen RC, Kremers WK, Geda YE. Association Between Mentally Stimulating Activities in Late Life and the Outcome of Incident Mild Cognitive Impairment, With an Analysis of the APOE ε4 Genotype. JAMA Neurol. 2017 Mar 1;74(3):332-338. doi: 10.1001/jamaneurol.2016.3822. PMID: 28135351; PMCID: PMC5473779.

to start where we are, so making real doable changes in our everyday lives is the only way to move toward larger goals in a sustainable way.

2. What can we do to increase the quality of life of those living with Alzheimer's and their caregivers?

Alzheimer's Disease has a huge impact on family caregivers. A person with dementia needs an average of five hours per-day of hands-on caregiving, often more. This can be overwhelming and represent a significant physical, emotional, and financial pressure that can cause stress to family caregivers. Just as "what is good for heart health is good for brain health", we can also say "what is good for the quality of life of a caregiver is also good for the person we care for."

A few things that caregivers can do to improve quality of life:

- Music is a powerful connector. People with dementia often have great difficulty with word-finding but can sing an old song with no difficulty. Keep a playlist of favorite songs and play it or sing it together. Talk with songs.
- Continue to do those activities your loved one enjoyed. These activities (looking at photos, gardening, dancing, even sweeping or washing clothes) help improve their quality of life and manage behavior changes that may come with the disease, such as sleep problems, aggression, and agitation.
- Foster your caregiving empathy. Dementia can test your capacity to be empathic. Give yourself empathy – it is essential to have a support network. This will improve not only your quality of life but the quality of life of your loved one.
- Find a doctor who is empathetic and understands that your experience matters.
- Honor your feelings by avoiding denial. One way to do this is by writing things down. A journal will force you to acknowledge what is happening – if you don't have time to write, record it on your cell phone.
- Ease the symptoms of "Sundowning". 66% of Alzheimer's patients experience increased anxiety and confusion in the late afternoon when the day is transitioning into night. To prevent or ameliorate this you can do a few things, including making time for your loved one to exercise during the day; limiting the duration and time of naps (not too long and not too late in the afternoon); and keeping shades down so the person does not get frightened by afternoon shadows and nighttime.
- Talk to the doctor about possible physical causes for mood and behavior changes. Keeping a journal with examples of what changes and when the changes occur gives the doctor a window into what may be happening. Changes in mood may be caused by many different factors including fatigue, depression, pain, and even time and doses of medication. Often things can improve once the cause is known.
- Share your knowledge and experience with other caregivers. An online support group can be a powerful tool to improve quality of life.

Nothing can be more frightening than receiving a diagnosis of Alzheimer's Disease. This is true for both the patient and family unit. With Alzheimer's Disease there is much that we cannot control; however, there are a few things that we can do:

- Learn as much as possible about the disease, become familiar with the science – there are many 'magic treatments' in the market that do not work and can even do harm.
- Find an Alzheimer's Association in your area. Find a Geriatric physician or neurologist who specializes in Alzheimer's Disease.
- Map out resources available in your community.
- Ask questions from government sources that offer respite or programs in your areas; ask questions of the health insurance. What can you expect now and in the future?
- Get your affairs in order: if your loved one is still able to communicate his or her wishes, make sure they are recorded.

There are many excellent resources that can be found on the internet but sometimes it is hard to navigate through all of them – especially when you are overwhelmed and frightened by the future of the disease. The Alzheimer's Association, created by family members of persons with Alzheimer's is found in almost every country in the world. It offers regular educational activities and support groups for caregivers. This is often a great place to find local services and support.

Recognizing the importance of this topic, AFSM is sponsoring a webinar with a world-renowned expert in Alzheimer's care, Dr. Carlos Cano, M.D., who is a geriatric physician specialized in the diagnosis and care of Alzheimer's-affected persons at the Pontificia Universidad Javeriana, Medical School in Bogotá, Colombia. He and his team will share the latest knowledge about the disease and will focus on practical advice on how we can continue to work to prevent dementia; and how we can plan in case we, or a family member, is diagnosed with the disease. The webinar will be in September, and the date will be announced soon. Keep tuned to AFSM emails for date and time.

My Trip to Antarctica

The Amazing Things I Have Seen and Learned

By Marilyn Rice

March is what is called the shoulder season for visiting the end of the world. It is at the beginning of fall, and I signed up for the last trip of the season before winter sets in. It is after the baby animals are born, less expensive, and an opportunity to see the young animals learning survival behaviors. This is a trip that has been on my bucket list for a long time – the last continent I have yet to visit; seeing the great and unusual animals: penguins, whales, seals, albatrosses, among others; and seeing the glaciers before most of the ice has melted. Originally, I was to take this trip in 2020, then 2021, and it kept getting postponed due to Covid. Now it was finally going to happen.

I started the trip in Ushuaia, Argentina hiking in the Tierra del Fuego National Park, with a guide who knew about the fauna and who was excellent in explaining the local terrain as well as leading us to the best hiking trails. We were lucky to have a day without rain, and it felt so good to be out in the fresh air. There were also many interesting murals painted on buildings throughout the town, with a backdrop of the beautiful snow-capped mountains.

Once we were on the ship, our trip went to the South Shetland Islands, Deception Island, and the Antarctic Peninsula (621 miles from the southernmost tip of South America). I was only able to see these locations from the window of my cabin, since I was isolating for Covid due to my proximity to my original cabin mate who tested positive after the first two days of sailing. From the window of my new cabin, I was able

to see many penguins swimming in the ocean near the ship, jumping like low flying fish to get from one place to another. They were so graceful in the water.

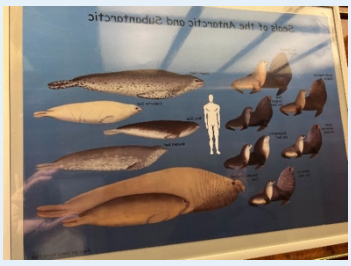
I also saw some whales, located by the air plums they spout out on the surface as they clear their lungs of any water that invaded their breathing passages. The icebergs and what "calved" from them were amazing and beautiful, despite the reminder they bring of so many glaciers that are disappearing. It is impossible to not be overcome by the beauty of this part of the world.



Ironically, my biggest fear related to this trip was not Covid but rather the crossing of the **Drake Passage**. Just below the tip of South America, it is where the Atlantic and Pacific Oceans come together, and it is famous for having waves as high as 18-36 feet (5.5 - 11 meters). Since I am very susceptible to sea sickness, I was not looking forward to the 2-3 days it would take to cross this area; and it is impossible to get from Ushuaia to Antarctica by ship without going through this Passage. As it turned out, we were very fortunate, and the passage was relatively calm. The Stugeron tablets I took for seasickness worked like a charm. We did not hit turbulent seas until we left South Georgia Island on our way to the Falklands. We had to traverse the Scotia Sea during a storm and so the seas got their revenge on us. Even so, the crew all said that these swells were minor, so I guess again we got lucky.

The first spot where landings would be made was on **Half Moon Island**, one of the South Shetland Islands. Many Chinstrap Penguin colonies were seen throughout, many of which were molting and the first sighting of Elephant Seals. The next day was a stop at **Deception Island**, another one of the many islands belonging to the South Shetland Islands that we would be passing on our way to Antarctica. The first outing here was at **Telefon Bay** that has a caldera lagoon formed when an ancient volcano collapsed into its own partially emptying out the magma chamber, that with marine erosion over time, formed a narrow entrance of sea water. In the last 100 years there have been relatively minor eruptions. In the afternoon, passengers visited **Whalers Bay**, home to factory whaling ships dating back to 1905. A shore station named Hektor was set up in 1912 to process meat and bones left behind by the whaling ships. It was closed in 1931 after modern additions to the factory ships allowed them to render the entire whale on board. There was also a British base and station build there in 1941 that was destroyed by a mudslide during an eruption that lasted from 1967-69.

We sailed most of the night to arrive at the **Antarctic Peninsula** with its huge icebergs, five penguin species (Adelie, Chinstrap, Gentoo, Macaroni, and Emperor Penguins), abundant seals (Weddell, Crabeater, Leopard, Southern Elephant, Antarctic Fur, and Ross Seals), several whale species (Humpback, Minke, and

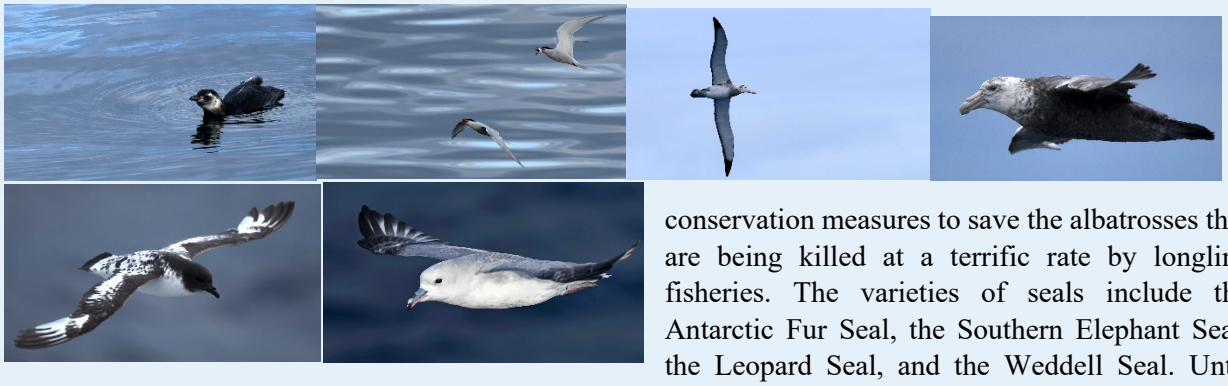



Orca), and polar research stations represented by Argentina, Ukraine, Chile, the UK, Uruguay, and USA. In the morning, passengers landed at **Portal Point** which lies at the entrance to Charlotte Bay on the Reclus Peninsula. It is very scenic due to the surrounding mountains, crevassed glaciers, and glacial tongues that extend down to sea level. In the afternoon, passengers explored **Cierva Cove**, a deep inlet on the western side of the Antarctic Peninsula, surrounded by rugged mountains and dramatic glaciers. The bay has a parade of icebergs, some having calved off the local glaciers, and others blown in by the prevailing westerly winds. Argentina has the Primavera Base at the entrance, which it still uses occasionally. The site is known for its collection of stunning icebergs and abundance of leopard seals.

We sailed through the night to arrive the next morning to the eastern tip of the Antarctic Peninsula, the 30-mile long (48 kilometers) **Antarctic Sound**, with its huge tabular icebergs from the ice shelves in the Weddell Sea, brought here by the Weddell's gyre-like currents. This area is known as "Iceberg Alley" due to its astonishing assortment of floating ice, both large and small. It is also home to a high concentration of Adelie Penguins. The morning landing at **Brown Bluff** brought many seals and penguins and the afternoon zodiac rides through **Kinne's Cove** revealed many interesting ice formations. The next morning brought a visit to **Elephant Island's Point Wild** with beautiful views of glaciers.

After sailing through the night and two more days, in preparation for landing on **South Georgia Island**, we were required to do a "biosecurity cleaning" of any clothes or instruments - walking poles, camera cases and tripods, back packs, boots, jackets, hats, and gloves – in short, anything that would be exposed to outside air once we went ashore. This was to ensure that no seeds, soil, or other organic material would be deposited on the pristine island. The island has successfully been cleared of most of the foreign and invasive species that were introduced during the last century by explorers and visitors, such as the brown rat, the house mouse, reindeer, two species of beetles, and 70 flowering plants (35 still remain); and the government of South Georgia and the South Sandwich Islands wants to prevent the establishment of alien species that would damage native species and habitats. Here one can find an enormous and approachable variation of birds and seal colonies. South Georgia Island has the greatest quantity of sea birds and marine mammals on the planet. It is home to four of the nine species of penguins that breed in the Southern Ocean: the King Penguin, that can be as large as almost three feet (1 meter) tall; the Macaroni Penguin that has colorful yellow feathers on its head; the Gentoo Penguin, distinguished by the white "ear muffs" and an orange bill; and the Chinstrap Penguin that has a black line of feathers under its chin, from which it derives its name.

There is a great variety of sea birds located there and a major effort is underway to implement



conservation measures to save the albatrosses that are being killed at a terrific rate by longline fisheries. The varieties of seals include the Antarctic Fur Seal, the Southern Elephant Seal, the Leopard Seal, and the Weddell Seal. Until prohibited in more recent years, many seals were hunted and killed for their skins or their blubber (seal oil for lighting, lubrication, and treating leather). Since all hunting of seals was outlawed in 1972, the numbers of all species are slowly growing. Though once very prolific in South Georgia, whales are now also protected and endangered. These include the Humpback Whale, the Minke Whale, and the Sperm Whale.

For over 60 years, whales were intensively hunted for commercial purposes; with every part of the whale commercially exported for different consumer uses.

During the 4 ½ days we spent at the South Georgia Island, we did seven landings at **Cooper Bay, Gold Harbor, Leith harbor, Grytviken, Fortuna Bay, Strommes**, and **Salisbury Plain**. On all the landing sites I saw many King Penguins and a few Gentoo Penguins, as well as many Fur Seals with their newborns suckling on their mothers. There were also a few Elephant Seals that are huge and very intimidating. I was amazed at how tame the penguins were, walking right up to us. The Fur Seals, on the other hand, did not like us invading their territories and often one would come charging at me – we were told when this happened that we should stick our arms out wide and walk slowly away, making noise as we did so. They can be vicious and attack when they want to. Gold Harbor is backed by an amphitheater of hanging glaciers and cliffs, but the rapidly retreating Bertrab Glacier has left a series of lagoons, with a glacial outwash plain riddled with small streams and pools, site of a large King Penguin colony. Grytviken, which means "pot cove" in Norweigian and Swedish, was named after sealer's trypots found at the site. The rusting remains of the Grytviken whaling station (1904-1956) are surrounded by a beautiful scenery of steep hills and mountains, as well as elephant seals and fur seals who are reclaiming this territory. It is so sad to learn of the tremendous number of whales and seals that were massively killed for the industries that processed them for profit.

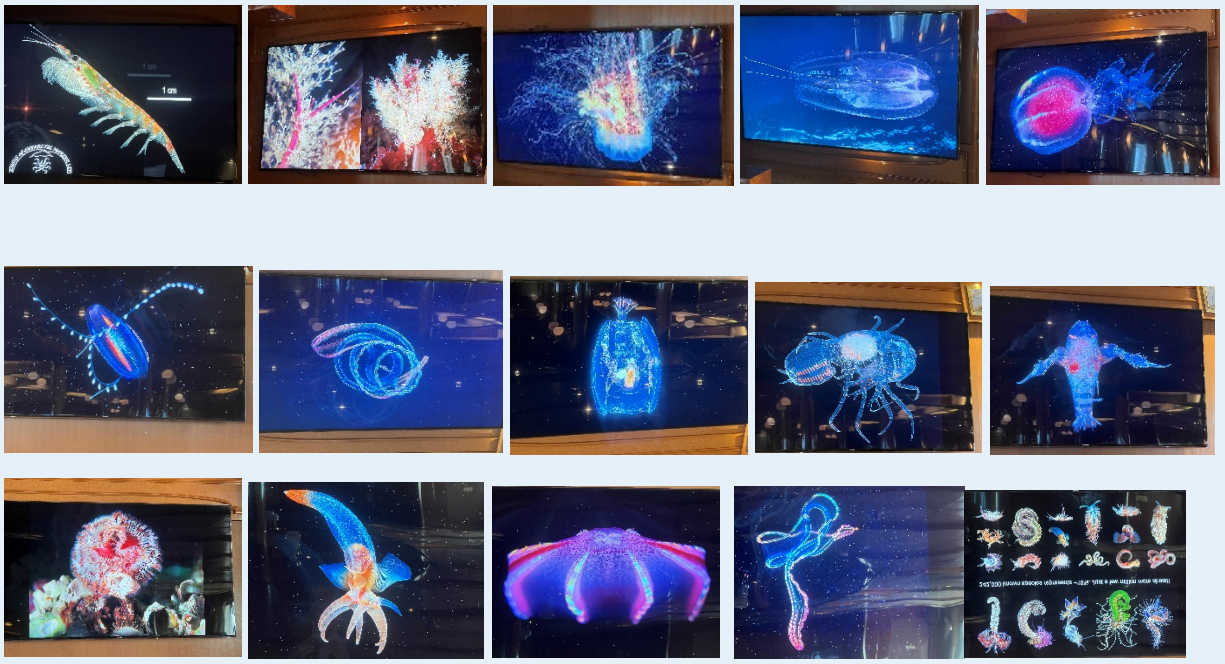
There was much history shared during our three-week voyage, especially about Shackleton whose famous ship the Endurance went down off the coast of the Elephant Islands and he and a few of his crew sailed to one side of South Georgia Island and then walked across the treacherous landscape to arrive at the whaling station of **Stromness** (1907-1961). Nowadays fur seals and elephant seals breed and molt there, enjoying the shelter of the derelict station building.

Salisbury Plain is a vast expanse of glacial outwash plains, formed by the retreat of the Grace Glacier. It now covers over 2km2 (.77 mi2) and is the largest area of level ground on South Georgia Island, It is the perfect spot for the large King Penguin to live, with an estimated 60,000 pairs. It is also one of South Georgia's largest Elephant Seal breeding grounds, along with Fur Seals that spread out all along the beach.

We sailed day and night for another two days, through what I would consider rough waters (but not considered so by the experienced crew), until we reached the **Falkland Islands (Malvinas)**, our last stop before reaching Buenos Aires and the end of our trip. We first went to visit **Gypsy Cove,** home to numerous birds and a large breeding ground for Mangelin Penguins. I saw many bird varieties but only one pair of the Mangelin Penguins; we arrived too late, and the penguins had already moved on. From there we went into the town of Stanley, the Capitol of the Falkland Islands (Malvinas). For the first time in three weeks, I was able to walk on pavement, go into stores, and eat and drink in a local pub. I visited the post office, the supermarket, and the museum that recounted history of the three main wars (WWI, WWII, war with Argentina), along with the historical and cultural development of the islands since before the turn of the

last century. As if to wish us a fond farewell, for over an hour during that last leg of our sailing voyage there were hundreds of dolphins that swam alongside the ship and did summersaults in the air to wish us a safe journey.

During the times that a complete day or more was spent just we were given lectures. These covered topics such as: penguins, introduction to Antarctica, who owns Antarctica, life beneath the ice, prehistoric vegetation of Antarctica, Cetaceans from the Southern Ocean, Shackleton's Endurance Expedition, introduction to South Georgia, whaling in South Georgia, pinnipeds of the Southern Ocean, geology of Falkland Islands, and some movies including the story of Sir Shackleton's attempts to reach the south pole at the turn of the last century. Some of the creatures photographed at extreme depths under the sea, where light never reaches, were amazing.



Despite missing the first 1/3 of the trip, I am thrilled to have had this unique experience of nature in its wildest sense, unspoiled by humans and still accessible. With the global glaciers melting at an unprecedented rate, it remains to be seen how long some of these species will survive. I feel very privileged to have had this opportunity to be with them while they are still here.

Techno Tips: What are the QR codes for?

QR (Quick Response) Codes provide smartphone and tablet users with quick and straightforward information.

In 2022, 6.6 billion people, 83.7 % of the global population, have a smartphone and/or a tablet. More and more people are shifting from desktop computers to smartphones and tablets. It is more important than ever before to pay attention to mobile-friendly content. QR Codes are attractive because people are more and more using their mobile devices.

QR Codes are cost-effective and universally applicable, and they connect the client directly to relevant digital platforms.

QR Codes were initially invented to replace Barcodes at supermarkets as they can store more information and are easier to scan. Now, QR Codes have a wide range of uses across all types of industries, such as in education, marketing, and logistics.

You've probably scanned more QR codes in the last few months than you did in your entire life. They've saved us from filling out endless paper forms, so it is worthwhile to take a moment to learn more about this new communication tool.

The QR code is basically a more efficient barcode. While the barcode holds information horizontally, the QR code does so both horizontally and vertically. This enables the QR code to have over a hundred times more information.

AFSM has created and posted on its web page QR codes for quick linking to its newsletter and Facebook Page.

Musings of An Ageing Woman, Part 5

By Yvette Holder

I have developed some pet peeves as I have aged. They were minor irritations when I was younger, but they have grown in size as the years have worn on.

The first is ladies' restrooms. The majority seem to have been designed by men, who have neither mother, wife, sister, nor daughter, indeed, no female relative! Every lady goes to the restroom with her handbag, the hold-all for a million toilet necessities. How many times, when there is no toilet paper, have we been rescued by a wad of tissue hidden in the recesses of our handbags? We ladies need our handbags, but how do you use the toilet when there is nowhere to hang or rest your handbag?

The second is handrails in houses. Why are handrails only on one side of the stairs? They tend to be on the left side when ascending. That implies the following assumptions:
1. that only left-handed people need the rails when ascending,
2. that only right-handed people need the rails when descending, and
3. that there is no 2-way traffic on the stairs.

What happens then, to the right-handed arthritic people who need to push on the handrails to propel themselves (against gravity) up the stairs? Or the left-handed people who suffer from vertigo, when descending the stairs. And as for the two-way traffic, who yields – arthritis or vertigo?

An aside – the two-way traffic reminds me of an incident in India. My two fellow West Indian friends and I decided to visit the Amber Palace in Jaipur, India. The Palace is a fortress at the top of a mountain, and it is anchored by a wall that runs on a ridge, similar to the Great Wall of China. There are two ways to get to the palace, via jeep or via elephant. We wanted the native experience and opted for the elephant. One of my companions was quite diminutive, unlike my other friend and me. The elephant dispatcher looked at us and said, "Big lady, big elephant" and assigned us to the largest beast available. We mounted (the platforms are built for easy mounting, and this was some years before horse-back riding), I on the chair to the left side and the other ladies on chairs to the right side of the animal, with the mahout[1] in front. And so, we lumbered

[1] A mahout is the person who looks after, trains and rides an elephant, usually creating a strong eternal bond between the two.

up the mountainside, on the left side of the road as expected in any British colony, with animal traffic returning from the palace on the other side. This meant that I was on the cliff side, and I watched with growing anxiety as the terraced gardens at the foot of the mountain grew smaller and smaller. Because our "transport" was so large and slow, the nimble elephant behind us attempted to overtake us, in the face of oncoming traffic, inching us closer and closer to the edge. I spoke no Hindi and the mahout spoke no English. But my sign language was very clear – if we go over, he and the elephant would be landing first to cushion my fall. We all stayed in our lanes. Needless to say, we took a jeep to leave the palace!

I guess, as with all traffic, descending yields to ascending. So, arthritic gets the handrails first.

The third is name calling. As young girls, I don't think we minded being called "Miss". A little older and we were called "Ma'am". I startled to bristle a little when I was called "Mums", especially by males who seemed almost as old as me. When it changed to "Tanti" – I bristled even more but I comforted myself that at least I was not being called "Granny", at any rate not yet. I don't know what I will do should anybody other that my grandchildren be foolhardy enough to attempt to call me "Granny". I love the Latin habit of affectionately and respectfully calling any mature female "Mami". To that I will happily answer.

My fourth, and biggest peeve, is the absence of seating in supermarkets and large stores. One would think that they would want to encourage shoppers to spend as much time in the store as possible, for the longer we stay, the more we are likely to buy. But elderly people can only stand/walk for so long. In desperation, I have taken temporary respite in fitting rooms, at blood pressure kiosks, and even on display tables of the right height. The supermarket that I use services several active adult (really 55+) communities whose residents are usually shuttled there by the communities' buses. It is heart-rending to see the elderly leaning against walls or their carts as they wait for their buses. I've found another chain that thoughtfully has benches for its customers.

One good thing about being older - many of us hold the purse strings, and we can talk with our purchasing power.

Healthy Ageing Committee
News and Updates

Martha Pelaez, chair; Members: Maria Teresa Cerqueira, Gloria Coe, Yvette Holder, Hernan Rosenberg, Juan Manuel Sotelo

The committee welcomes Maria Teresa Cerqueira as a member. We have finished reviewing our work plan and agreed on the goal, objectives, and activities.

The goal of the Healthy Ageing Committee (HAC) is to promote healthy ageing and wellbeing among AFSM members.

The four main objectives are to: 1) increase member engagement; 2) promote function and quality of life in all we do; 3) collaborate with the Communications Committee in the promotion of healthy ageing; 4) collaborate with PAHO/WHO and other national and international partners in promoting the Decade of Healthy Ageing.

The plan for 2022 activities is to: continue to include the healthy ageing column in the AFSM newsletter; regularly post healthy ageing information on the AFSM website; conduct three more webinars related to planning for long-term care; and carry out a survey of AFSM members about their experiences with our first webinar and interest in future ones.

We are grateful for all those who participated in our first webinar: **How to get what matters most from your healthcare**. 82 people registered and many more are enjoying the recorded version. Everyone can still enjoy it in English at the following link:

https://www.youtube.com/watch?v=hXJMc8C9cCA&list=PL6hS8Moik7kuymTckg1KD_1921aheWIVP&index=14

As a result of this webinar, Yale Medical School has asked AFSM to reach out to its members for help in reviewing its website: Patient Priorities Care (PPC). They are looking for people who are English speakers and age 70+ with at least three health conditions and who see at least two doctors. [See box in this newsletter with information from the Yale Medical School PPC program]

The next webinar is scheduled for September (date to be announced). This webinar will focus on planning for long-term care in cases of dementia. The program is both for everyone who is afraid of having dementia in old age and for caregivers of those with dementia. The speaker will be **Dr. Carlos Cano, Director of the Ageing Institute at the Pontificia Universidad Javeriana in Bogota, Colombia,** and his multidisciplinary team. Dr. Cano's area of specialization is Alzheimer's Disease and related dementias.

Obtaining Feedback on *MyHealthPriorities.org* Website

A new website has been developed for older adults and/or their caregivers through a program at Yale School of Medicine, Patient Priorities Care (PPC). This website is intended to guide people through a process that helps them identify their health priorities -**what matter most to them**- and provide this information in a way that people can share with their various healthcare providers.

We are looking for **older adults who are age 70+ with at least 3 health conditions and see at least 2 doctors,** to test this website and provide open and honest feedback**.** Although this opportunity is not limited to people living in the US, it will only be available to English-language speakers.

How this will work:

- Participants will need access to a computer, internet and have basic computer skills to get to the website (or have someone available to help)
- Participants will complete the https://myhealthpriorities.org/ website (about 20-30 minutes) on their own time
- Participants will then be interviewed on the phone or computer audio Via Zoom with a research fellow who will ask questions to get the participant's opinions and feedback, so we can make it as user friendly and useful as possible.
- We will be recording the discussion between the participant and the interviewer, so we can learn how to improve the site. Feedback will be anonymous, no personal information will be collected or used, and individual results will not be shared with anyone.

Time:

- Participation is voluntary and people can stop at any time.
- We expect the interview process to take about 30-45 minutes

Compensation: For your participation in the review of the website and completion of the interview, **a $20 gift card** will be mailed to you.

Contact to participate: Please email kizzy.hernandez-bigos@yale.edu or call (475) 254-5174 if you are interested in participating and we will schedule a time that works for you.

Older not old

By George Alleyne

When Gloria Coe asked me to write an essay for the AFSM newsletter, I demurred and said that most of what I would have written was already included in my autobiography "The Grooming of a Chancellor". She was persistent – I pleaded age and made her laugh when on speaking of the definition of age and its limitations, I told her of one of George Burns' famous quotes "*You can't help getting older, but you don't have to get old*". He also said *"If you live to be one hundred, you have got it made. Few people die past that age*". The matter of ageing must of necessity figure prominently in the minds of us PAHO retirees and this was noticeable in the back numbers of the newsletters that Marilyn Rice generously sent to me. (It was so good to catch up with her and hear that she is doing well.) I was pleased to learn of AFSM's Healthy Ageing Committee, which I am sure will provide valuable information about the United Nations "Decade of healthy ageing" and the basic objectives. I spoke recently on healthy ageing to the Barbados Association of Retired Persons and tried to emphasize that it was essential to retain and enhance our intrinsic capacity in order to enable us to maximize our functional ability. Optimizing functional ability is the key to healthy ageing.

As I get older, I become more and more conscious of how my younger colleagues take health for granted and rarely try to articulate to themselves or others why health is important. I have always adhered to the explanation given elegantly by Partha DasGupta. He cites four essential reasons to be concerned about being healthy. The healthy individual feels good and has an increased range of life choices. Health enables the individual to be more productive and health contributes to the possibility of longevity which has merit in its own right

The capacity to be productive in an economic sense is linked to the capital that one accumulates mainly through health and education. This human capital is the most important contributor to a nation's wealth. One of the reasons we wish for healthy longevity is in order to maximize the use of our human capital. One of the greatest barriers to the accumulation of that capital is chronic noncommunicable diseases and it is for this reason that so much attention must be given to developing healthy habits throughout the life course in order to compress the morbidity from these diseases into as short a space of time at the end of life as possible. But in addition, there is an externality value and one's health brings value to the community in which one lives. This latter aspect has been analyzed by philosophers such as Norman Daniels as a matter of justice. He asserts that there is a moral value to health.

But there is a constant struggle to maintain and retain the intrinsic capacity to be functional for as long as possible. I believe that it is necessary not only to avoid the risk factors of the noncommunicable diseases like smoking and physical inactivity, but there is more than usefulness

in developing and maintaining hobbies. Indeed, they are therapeutic for our physical and mental health.

One of mine is gardening. Initially I grew only flowers and although I had a wide variety, I spent and spend more time and energy on my roses. I care for my roses like children. I prune and spray them religiously, went through various fertilizing schemes until I found the right one and when I had a problem, I consulted a rosarian. I wonder how many know of that class of professional. He would diagnose a chemical deficiency which I subsequently corrected. Sometimes - very seldom - I ask myself why do I do it? My answer is that there is the pleasure of seeing things grow, there is the pleasure of the good earth under the fingernails, and there is the unmatched pleasure of seeing that dew on the unfolding petals of the perfect rose in the early morning. And on occasion when I have had mishaps, I comfort myself with the knowledge that spring will come next year, and the cycle can begin again. Sometimes, in the midst of all the global upheaval and the dire tales of man's inhumanity to man, I will hear and identify with Louis Armstrong as he sings:

I see trees of green
Red roses too
I see them bloom
For me and you
And I think to myself
What a wonderful world

For many years I never grew vegetables, saying to my wife that it was easy to get them in the supermarket. Then when I started growing beans, cucumbers, and tomatoes, etc., I got hooked and appreciated that there are differences between those you grow and the store-bought varieties. I learned of the symptoms of calcium deficiency in tomatoes - and never to grow beans in the same location every year. But in the final analysis, I recognize that in spite of the frustrations brought about by the vagaries of nature or the predation of rabbits, squirrels, and deer, there is a joy in gardening itself. There is the joy of the work itself. I quote a piece on gardening in a recent edition of the Economist: *"To garden is to patiently, lovingly, and diligently help life flourish in the ground and above it."*

The same article puts gardening in the same class of pleasures as cooking, to which I can attest. There is the discovery of recipes – the resurrection of dishes my mother would make without the modern kitchen appliances – the discovery of the subtlety of flavors and the experiments which were sometimes failures but which my loving wife would eat and suggest modifications. I could go on and on about the pleasures of cooking, but I will end with an affirmation that brooks no argument. The best carrot cake in the world is from a recipe given to me by one of my former secretaries - Flor de Luz Menendez.

You can't help getting older, but you don't have to get old.

ASSOCIATION OF FORMER WHO STAFF MEMBERS
ASSOCIATION DES ANCIENS DE L'OMS

9 June 2022

Dear Dr Tedros,

I would like to start by congratulating you on the successful completion of the 75th World Health Assembly last month and once more for your re-election.

The Association of Former WHO Staff (AFSM) in Geneva, together with regional WHO AFSMs and the WHO HQ and Regional Programme staff responsible for activities related to the UN Decade of Healthy Ageing, plans to organize an introductory webinar for all AFSM members (and any interested former staff who are not a member of our Associations) on the objectives, scope and focus of the Decade, and to highlight how its goals are translated into action in Member States by the HQ and Regional programmes.

The proposed webinar is tentatively scheduled for 6 October 2022, and we would appreciate it if you could do us the honour to open the seminar and deliver an energizing talk about the Decade and share your views on an active role of AFSM members in its promotion and in achieving its goals.

The AFSMs have taken a special and keen interest in WHO's work in support of the UN Decade of Healthy Ageing 2021-2030. After several preliminary discussions among all parties mentioned above, a first consultative virtual ZOOM meeting of all AFSMs (HQ and Regions) and WHO programme staff decided to establish a small task force with the remit to develop activities in this area. It was agreed to follow a step-by-step approach, learning from the experience of our AFSM colleagues in the Americas who have been very pro-active in this connection, with an initial focus on awareness creation and information dissemination about the Decade among our members.

We intend to raise awareness and interest in the Decade, and to elicit ideas for active involvement, from grassroots work of volunteering in local NGOs addressing the issues of ageing to using donor connections that some of our members may maintain to generate resources for activities. The AFSM outreach on this subject will be all inclusive, and fully coordinated with the active WHO programme staff.

I emphasize that, while by its very nature our membership is clearly on the "receiving end" of Decade activities, the preliminary discussions made it clear that many also want to actively contribute in whatever way they can. This is in line with your position on engaging former staff who remain part of the WHO family, and we think the Decade provides a great opportunity to enhance former staff's active involvement.

We look forward to your reaction. As this will be a global webinar, timing on 6 October will be around midday CET. Of course, your "live" presence will be much preferred over a recorded message.

Thank you very much for your kind consideration of the above request, and please rest assured of the Association's support for WHO's work during your second mandate!

Yours sincerely

Jean-Paul Menu
President

Dr Tedros Adhanom Ghebreyesus, Director General

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Nominees to lead PAHO announced

https://www.thelancet.com/action/showPdf?pii=S0140-6736%2822%2901132-1

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Amy Booth spoke with the candidates about their priorities and their vision for the future of the Pan American Health Organization.

The Pan American Health Organization (PAHO) will elect a new Director at the Pan American Sanitary Conference in late September. Speaking to *The Lancet*, the six nominees expressed a common desire for equitable access to health care, especially COVID-19 vaccines, action on the growing burden of non-communicable diseases, and a PAHO that is more attentive to the needs of smaller member states.

Regional health security and equity, especially regarding access to COVID-19 vaccines, are top priorities for many candidates. They felt that the worldwide focus on health systems in the context of COVID-19 offered a chance to push for crucial investment. Many of these concerns were echoed at the Summit of the Americas, where heads of state signed up to the "Action Plan on Health and Resilience in the Americas", on June 9. The plan included a series of health targets for 2030 such as expanding equitable health-care access, boosting health education and financing, improving pandemic preparedness, and reducing premature deaths in the region.

"We're in a historic post-pandemic moment that has to make us see that health is central for development and sustainability. There has never been a better opportunity to bring public health to the center of international debate", said Mexico's PAHO nominee, Nadine Gasman Zylbermann, who is the president of Mexico's National Women's Institute. "We're at a point where there are still countries in the region that don't even have 10% of their population vaccinated [against COVID-19]."

By February 2022, Latin America accounted for 28% of globally registered deaths from COVID-19, despite being home to only 8·4% of the world's population, according to WHO. A report by Amnesty International and the Center for Economic and Social Rights published in April found that countries with greatest inequality and lowest spending on health and social protection had the highest COVID-19 deaths per million people and overall excess deaths.

Jarbas Barbosa da Silva Jr (nominated by Brazil) is currently PAHO's Assistant Director. He wants PAHO to work with member states to develop equitable mechanisms to guarantee supplies of vaccines, medicines, and medical devices. Developing Latin America's capacity to produce mRNA vaccines is key, he said. "mRNA vaccines can be used if a new coronavirus emerges in the next few years, can be used for a pandemic influenza virus, or other viruses in the region, so I think this is very important", he said. In September 2021, PAHO announced that it had selected two laboratories in Argentina and Brazil to develop mRNA vaccines as part of a technology transfer program promoted together with WHO.

The candidates also said that PAHO would need to ramp up support to member states in dealing with mental health in the wake of the pandemic. Gasman described violence against women as "the other pandemic", emphasizing the need for a gender perspective in health care. For PAHO to stay at the "vanguard" as a technical institution, she says it needs to focus on parity and inclusion of women, indigenous people, and people of African descent, backed up by a zero-tolerance policy against abuse.

Fernando Ruiz Gómez (nominated by Colombia, where he is the outgoing Minister for Health and Social Protection), will focus on the need to improve health-care coverage. “There are some countries where 80% of health expenditure comes from people's pockets”, he said.

Daniel Salinas Grecco, Uruguayan Minister of Public Health and the country's nominee to lead PAHO, said that PAHO should focus on supporting countries to advance universal health coverage. PAHO will need to take countries’ widely varying socioeconomic circumstances into account, he said: while member states with high rates of formal employment may be able to expand coverage through social security and insurance, this is more challenging for countries with large informal labor markets. “In those countries that have...just 18–20% of the population contributing to their social security system, you can’t think of [social security] for 100% of the population”, he said. In such cases, he says that PAHO should formulate guidelines on social coverage and help the country strengthen its public health system, while respecting its culture and the principle of non-interference.

Most candidates are calling for modernization and better technology for national health systems and PAHO alike. Barbosa advocated for the potential of existing technology such as smartphones to make procedures faster: “This is stuff we already have “, he said. Camilo Alleyne (a gynecologist and former health minister, nominated by Panama) said that he wants PAHO to lead greater use of digital systems to streamline and standardize processes to improve transparency and efficiency. Modernization would involve “putting all the accounts and funds online…sharing inventories and public health policies, healthcare materials, vaccines…an exchange online that all the countries can consult”, Alleyne said. With the growth of non-communicable diseases across the Americas, most candidates agreed that PAHO should focus on strengthening health education, but Salinas and Alleyne also emphasized the role of regulating industries. “We have to work on labelling, we have to make more consumer information laws about the effects of tobacco on lung, larynx, trachea and throat cancer”, Salinas said.

However, he pointed out, labelling legislation requires careful negotiation with industry: industry groups voiced concerns when Argentina passed a food labelling law in October 2021. Tobacco multinational Philip Morris attempted to sue Uruguay over its anti-smoking policies, which included warning labels on packets, although an international investment court ruled in Uruguay's favor in 2016. Alleyne also voiced support for restrictions on tobacco products and the sale of unhealthy foods in schools.

Financial stability will probably be in the spotlight for the incoming director following a 2020 funding crisis. PAHO is funded through a combination of quotas from member states, WHO allocations, and voluntary contributions from governments, international organizations, and private and public organizations. In May 2020, the organization warned that it could become insolvent after several member states failed to pay their fees and the Trump administration in the USA froze contributions to WHO. Although the crisis has been mitigated by factors such as the USA rejoining WHO under the Biden presidency and WHO adopting a new financing mechanism, several PAHO director candidates felt that problems with member states paying quotas late reflected underlying problems with how PAHO relates to its member states.

According to Ruiz, while the organization requires more participation and funding from its members, it will also be necessary to examine how it is spending its budget. “It has a pretty heavy structure, a structure with significant associated costs”, he said. Alleyne expressed similar concerns, stating that many members don’t feel “satisfied” with PAHO's support and that “it spends a lot on consulting, but you don’t see the effectiveness”. He suggested that putting PAHO's accounts online would improve transparency.

Florence Duperval Guillaume, nominated by Haiti, where she was once Minister of Public Health and Population, said it was important for the organisation to listen to the needs of smaller member states, a view echoed by several nominees. “They believe in the PAHO but they’re frustrated because they don’t have the support that they’re supposed to have”, she said. Private donors stipulating that their money can only be spent on specific areas constitutes a further obstacle, she added. She criticised the tendency of wealthier member states to view regional cooperation as a target for cost-cutting that ultimately endangers regional public health. Inclusion of smaller states should also promote research into traditional plant medicines, Guillaume said. “We need to try to work with traditional healers, botanical healers, because everything is in our plants…We need to have some research.”

Barbosa, Guillaume, Alleyne, and Salinas all said they would address the growing threat that climate change poses to health. Natural disasters and access to water are likely to pose increasing problems to health systems, according to Alleyne. “In five years, I would like to have created a school of natural disasters, focused on climate change”, he said. Barbosa wants to pay particular attention to Caribbean countries, where hospitals are often unable to cope with surges in demand during disasters such as hurricanes. He also wishes to raise the profile of the environmental health threats of soil contamination and air pollution, which he said remains a “hidden problem” despite its role in millions of deaths worldwide.

Salinas said that PAHO will need to consider how the effects of a changing climate vary between regions of the Americas. “In South America, we don’t have hurricanes with the same frequency as the Caribbean”, he said. “In the Caribbean, we would have a strong focus on a tactical health response group that could be deployed rapidly, and that would involve all the healthcare personnel, mobile surgical hospitals, and immediately available drinking water, at the country's request…In South America, meanwhile, flooding, landslides, that's an issue.”

Abortion divides Latin America. It is banned under all circumstances in El Salvador, Dominican Republic, Nicaragua, Jamaica, Haiti, Suriname, and Honduras. However, Argentina, Mexico, and Colombia have legalised the procedure. Chile has included provisions for abortion and reproductive rights in the draft of a new constitution which will be put to referendum in September.

Gasman stated that PAHO “has to work with countries to guarantee health and reproductive rights” and highlighted gender-based violence as a public health priority. Guillaume described abortion as an issue of education. “I cannot understand that you want to legalise abortion instead of educating a woman that if you cannot afford to have children, please take your contraceptives”, she said. Alleyne said that it was a question of “the human right to life” but added that the procedure might be necessary in cases of illness, infection, or risk to the lives of the pregnant person and the fetus. Barbosa emphasised that abortion legislation is determined nationally and PAHO works to support countries within the context of their laws.

The next director of PAHO will be chosen by member states in a secret ballot and will take office on Feb 1, 2023.

Solo Ageing
(Part 2)

By Sumedha Mona Khanna

In the March issue of the AFSM newsletter, I defined the meaning of solo ageing and identified five challenges of Solo Ageing. In that article, I addressed two of these: Financial Management and Security until the End of Life, and Good Health and Wellbeing to Function Independently. This article addresses an additional three challenges.

1. Finding Meaning and Purpose

Who one is now is an important question when one loses one's life-partner or companion, especially after a long period of sharing a life together. Everyone is born solo, but when one is in a partnership with another person, especially over a long period of one's life, one constantly adjusts and changes one's personality, views, and ideas to maintain a happy and balanced relationship. Women must do this more often than men, especially if the man has also been the "provider" for the family.

In solo ageing, one must literally create a new identity for oneself, an independent one in which one learns to live solo, one with which one will be happy and engaged in what one loves. This is a challenge for many, especially if one did work independently and thus did not create one's own identity. One may have to literally rediscover or redefine one's own values and pursue life in response to one's own needs and desires. This can be very challenging especially for older women.

An interesting and useful exercise is to list several values that have personal meaning. Then rate at least five of them in their order of importance. An important question one must ask is: "What really matters at this stage of one's life?"

Everyone needs a reason to get up in the morning and be glad to still be alive. This is even more important for Solo agers. One must find a new identity as one ventures what is most probably the last and most precious phase of one's life.

Taking care of oneself - healthy diet, physical and mental wellbeing, and finances, among other things, is imperative to ageing well. But for Solo Agers, another important question arises – "How to find meaning/purpose in life alone at this phase?"

There are many opportunities these days to remain engaged in life purposefully and meaningfully. One may start a new home-based business - there seem to be plenty of opportunities for this (especially during the pandemic years). Today's technologies make home-made business more possible and viable than ever before. One can even make some money for daily living if one needs that.

Another way to find a purpose is to find a neighborhood community organization with which one can connect, such as volunteering with a local food service organization, participating in opportunities to connect with isolated older people through a local senior center, or even teaching children who have difficulty learning in a school setting.

Writing a memoir can be a very engaging practice. One may leave a legacy for loved ones - children, siblings, or friends. One way to deal with old photographs is to make a story-album of one's life journey. Today's technology helps us to make legacy box or legacy journal. It is also an excellent way to live through one's old memories of life as well as to get rid of old stuff in boxes that one may never otherwise visit in this lifetime. And after one is gone, it removes the guilt from those who have to destroy them.

Talking about clutter - who doesn't have that? One engaging activity (even though at times boring) is to use one's spare time productively to go through boxes of old correspondence and papers that have no use at this stage of life, find a shredder, and get rid of them. It is a very purposeful way of spending one's spare time and lightening one's load. Who else will do this? I did that during the first year of my solo-ageing and found myself purposefully occupied, reliving some of the happier moments of my life, with some laughter and some tears, as though I was spending time with my beloved life-partner sharing moments of our lives together. This is a very healing exercise and helps one to move on with one's own life.

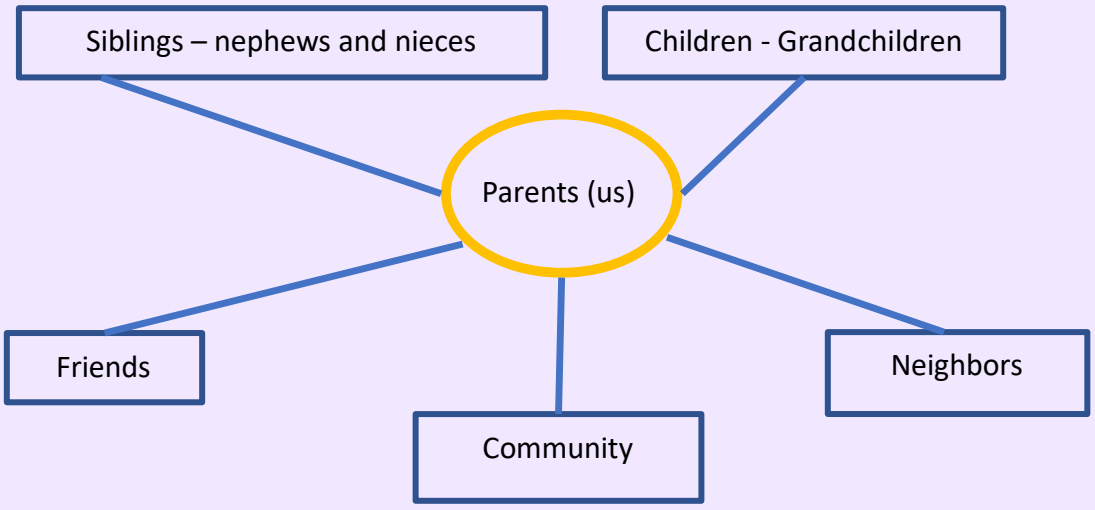
2. Maintaining and Creating Relationships and A Strong Social Network

> *"Everything of value that we will know in this life comes from our relationships with those around us. There is nothing material that measures against the intangibles of love and relationship."*
>
> R.A. Salvatore

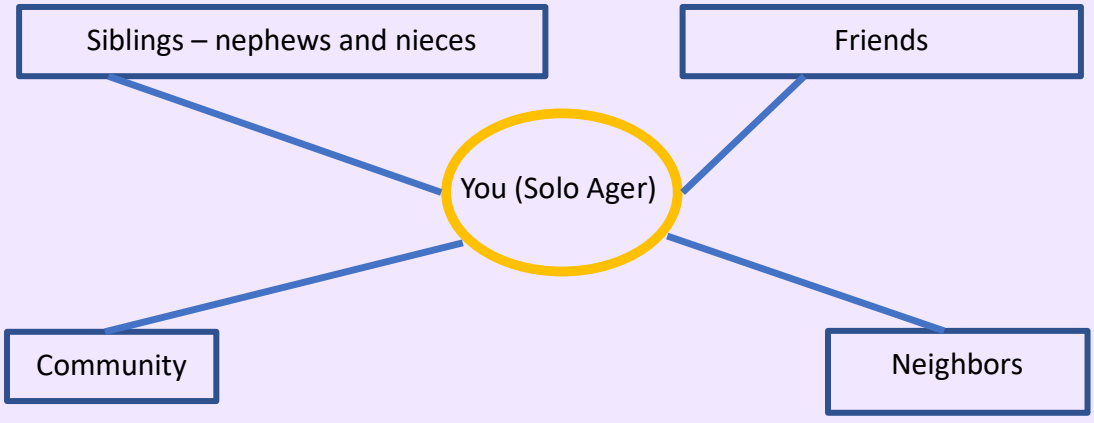
Social isolation is one of the common issues one encounters among Solo Agers. In relationships, the strongest connection in our social network is our life-partner. When we lose that person, staying socially connected can be challenging. Even if there are children, by the time one is in one's seventies or eighties, one has grown up, may have children of one's own who often have moved away. Even when they might live nearer, they have their own lives and work and may not be easily accessible.

Everyone is different, some are married, some never were, some have no siblings so no nieces or nephews, some have children, and others have none. So, the challenges of social connection can be different for every person.

Basically, one's typical social network, especially if one is a parent, includes:



The typical social network of a Solo Ager (without children) may be:



As a couple, one's relationship forms with other couples, or colleagues that one meets at work. As Solo Agers our social network changes - generally the couples one once knew drift away and one also may find it awkward in company of other couples. One then needs to form one's own social network with friends who have similar values and

interests and who will provide emotional support if one needs help. This can be challenging, especially if the social network has been predominantly with one's friends at work or with neighbors with whom one has been friends for a long time. Older people often move away to be closer to their children. It is therefore important to have several friends in one's immediate social network.

Other ways to avoid social isolation is to find community groups in one's neighborhood that may have common interests such as writing, book-reading, animal walking, art, and crafts. Joining one that is of interest may help in forming new friendship as well as in engaging in activities that have personal meaning.

Often a local community college or a similar institution offers a Lifelong Learning Program for seniors. They are affordable and provide an opportunity not only to engage one's brain and keep mentally active, but it may also help to form connections with like-minded people with whom new friendship might form.

Travel groups with like-minded seniors can spark great friendships. Road Scholar is one such tour company that serves only older adults. It offers excellent opportunities for travel and meeting like-minded persons who can become part of one's social network. "My SOS Family" is another company that for a small monthly fee can link people one chooses (up to 5) who one can call during an emergency if needed.

One's social network is one's family of choice. It should surround one with people one wants and who will be available when one needs them no matter what the time of day; people who can support one in living a happy life. Strong evidence exists that there is a direct connection between social support resources and one's mental health. Social isolation for older people, especially for Solo Agers, can be very detrimental to health and wellbeing. It is imperative that one consciously forms a reliable social network to avoid social isolation.

3. Ageing in Place

Where then shall one live? This is one of the common questions that come up when one loses one's life-partner, or when one is not working in a regular job. Everyone wants to be able to live in one's own home in the older years rather than moving into a senior residential community. This is what I call Ageing-in-Place. Some people may not have that choice, especially if one has mobility challenges, does not drive, or has health challenges that require closer attention.

When one loses one's life-partner, one might find the home that one shared over a long lifetime no longer serves. It may be too large or too old, it may require frequent

maintenance, or it may have challenges if one has mobility issues (e.g., too many stairs or areas with difficult access). One might have financial constraints in keeping this house or in managing the maintenance. If one is not driving, then the location of the house closer to essential services is imperative. In some places, volunteer driving services may be available, but they are not always convenient. The neighbors who had become one's close friends over the years might have moved away. It is hard to form friendships with new and often younger neighbors when one is an older adult living alone.

It is important to make the decision early in life when one is still mentally, physically, and financially capable, about where one wishes to live in one's older years, especially when one is a Solo Ager. Often, one leaves this decision until too late, as it may seem challenging, and then others – one's children or siblings/nephew or niece - might have to make that decision. Such a decision may not fit one's needs and desires. This was one of the most important decisions that I had to make when my life-partner died. I needed to move to a smaller and more conveniently located house closer to my friends and to community services. Fortunately, I was in good health and had no mobility challenges. Yet, even now as I get older in my solo ageing years, I am conscious that I may have to move even closer to some services and maybe to be near at least one member of my extended family - a nephew or a niece.

Moving entails getting rid of all the things that have no purpose now in one's life. Some of these may be precious with happy or special memories attached. It is better to give them away to people who will care and love to have them rather than being sold as junk. I have been to several Estate Sales that have brought tears to my eyes. So many precious and loved possessions being literally given away at such sales. Often antique shop owners take them and sell them at profitable prices. Going through one's collections can be very emotional; it brings back memories of a life-together. It is better to experience that and then part with them, hopefully sending them to a place where they might also be cherished. Everyone collects too much stuff in one's lifetime, especially if one's work has involved travel. Though one has enjoyed them, it is time to lighten one's load and free oneself - an important challenge for Solo Agers.

Everyone wishes to stay in one's own home in one's older years. But there may come a time when one might consider other options, such as a senior residential community with or without continuing care options depending on one's health and other needs. As the older population increases and more people are living alone, the availability of such facilities and communities is also increasing. Some newer ones are quite progressive and comfortably livable. It is a good idea to do some research on this while one is still capable. One might find some that would be suitable to happily live out the remaining

years of one's life and in company of others who may be similarly challenged. For many Solo Agers, it might be a more convenient and acceptable option at this stage of life.

Concluding comment

Most of us are headed for a Solo-Future in the older years. It's never too late, or too soon, to develop a plan to protect one's independence and make sure that this precious phase of one's life will be happy, healthy, and meaningful. When it comes to ageing, one can't always count on one's children, especially if one doesn't have any. I hope that these suggestions, based on my personal experience as well as that of some of my friends who are Solo Agers, will be helpful. Comments, suggestions, and other ideas are most welcome. Let us start a dialogue building on our experience and observations.

(Part III of this paper will focus on some personal stories about our experiences as Solo-Agers. We can all learn from each other's experience. You are invited to share your story.)

References:

1. AGEING ALONE – A Candid Guide to Money, Health and Living for Single Seniors – Ruth Alvarez; 2017, Canyon New Media
2. ESSENTIAL RETIREMENT PLANNING for solo-Agers – A retirement and ageing roadmap for single and childless adults – Sara Zeff Geber, PhD, 2018, Mango Publishing, Coral Gables, Florida
3. RETIRING SOLO – Plan to Be Happy, Healthy, and Independent in Years Ahead – Lori Martinek; 2016, Published by Herlife Publishing LLC

Summary of AFSM's webinar on "How to get what matters most from your health care"

By Marilyn Rice, with inputs from Cheryl Thompson

This was the first AFSM Healthy Ageing Committee Webinar on Healthy Ageing, in association with PAHO's Healthy Life Course Unit. The webinar was presented on 26 April 2022. A recording of the webinar is available at: https://www.youtube.com/watch?v=hXJMc8C9cCA&list=PL6hS8Moik7kuymTckg1KD_1921aheWIVP&index=17.
It was opened by Martha Pelaez, PAHO Consultant on Healthy Ageing and Chair of AFSM's Healthy Ageing Committee. The AFSM President, Gloria Coe, introduced the webinar and thanked Martha Pelaez for organizing the webinar and for her work on chairing the AFSM Healthy Ageing Committee. Dr. Enrique Vega, Chief of PAHO's Life Course Unit emphasized the importance of developing healthy ageing networks at local, national, and regional levels. He emphasized that we cannot transform our primary health care systems without addressing the needs of older adults, and they should be at the center and as major stakeholders.

Dr. Melissa deCardi Hladek, Researcher and Assistant Professor at Johns Hopkins University School of Nursing, acknowledged her extensive team of researchers and mentors. She first defined what is meant by healthy ageing as going beyond defining whether someone has a disease, moving to defining successful as recognizing the role of the environment, moving beyond disease and disability, and moving beyond having high cognitive and physical functional capacity to having an active engagement in life ageing (Rowe and Kahn (1987). This definition goes beyond previous more restrictive criteria for "successful" ageing. The criteria have been refined to include "a state in which a person uses physical and social adaptive strategies to achieve a sense of wellbeing, high self-assessed quality of life, and a sense of personal fulfillment even in the context of illness and disability (Young et al, 2009) with alternative terms that include balanced ageing, resilient ageing, harmonious ageing, and healthy ageing, showing that you can age well even with multiple disabilities. It is important for each of us to identify our own values and priorities so we can communicate them to our health care providers. Different stressors that we all experience, combined with the continual disease burden and their progression, create different outcomes for each of us. Older adults want to maintain high energy levels, good health, independent living, clear thinking, and enjoyable social contacts with meaningful activities, while trying to avoid catastrophic outcomes after procedures or treatments.

She went on to demonstrate how resilience and self-efficacy[1] contribute to healthy ageing. They can look very different depending upon the context and stressors. Resilience can be psychological (like recovery from the loss of a loved one or recovery from surgery). There are four ways to increase our own self-efficacy: enactive mastery (building upon the efficacy of our experiences),

[1] Self-efficacy is one's belief in ability to accomplish a specific task or behavior, even in the face of adversity, taking control where one can.

vicarious experiences (modeling our behavior on that of other people in our social support system), verbal persuasion (coaching and feedback from others in our lives who might join us in certain activities like walking or swimming, and physiological feedback (listen to our own reaction and reminding oneself that one can do a certain task). Henry Ford said, "Whether you think you can, or you think you can't – you're right." So, you can change if you want to. Perceiving something as stressful involves two steps: first, perceiving something as stressful, followed by whether someone feels capable of handling the stress. Self-efficacy will help one determine if one can handle the stress alone or with the help of one's social network, and where it is positive it can affect chronic disease progression in a positive way.

We can change and maintain our behavior if we are properly motivated and have set realistic goals for ourselves. How do we improve self-efficacy to help cope with stress? Some successful programs mentioned include:

- The Maryland Living Well Center of Excellence has a self-management program called "Living Well" which is patient-directed, goal-directed, and self-efficacy based https://mdlivingwell.org/programs/tomando/.
- The Community Aging in Place – the Advancing Better Living for Elders (CAPABLE) program to make someone's home more successful for healthy ageing https://nursing.jhu.edu/faculty_research/research/projects/capable/.
- WHO's Integrated care for older People (ICOPE) provides guidance for person-centered assessment and pathways in primary health care and is an approach to age-friendly health systems including: what matters to people, the medications they take, their cognitive functions, and their mobility; all of them are as important if not more so than treating disease https://www.who.int/publications/i/item/WHO-FWC-ALC-19.1.

How to get what matters most from one's healthcare and support patients in being at the center of their health care decisions? When one has multiple medical conditions, it is important for the actual patient to explore what are the most important priorities and values, and it sometimes means having to decide between improving functions, relieving symptoms, and living longer. In the Patient Priorities Care approach https://patientprioritiescare.org/, it starts with what the patient is willing to and able to do, wherein decision-making is based upon shared ideas between the provider and the patient. There are 4 broad domains of values for older patients that need to be balanced with what the patient most desires and is willing to bear: connecting (with family, friends, community, church); enjoying life (being productive, recreation, personal growth, quality of life); managing health (managing health and symptoms); and functioning (dignity, independence). If patients can pick the most important value, then specific, actionable, and realistic goals can be developed in keeping with their values (I want to walk 30-minutes a day - is this realistic?) within the context of what is doable and manageable given the social, physical, and financial situations of each patient.

Dr. Rafael Samper-Ternent, from the Health Sealy Center on Aging talked about the next steps in patients reaching their goals and preferences and how to get the clinicians on board with these. The 4 M's Model of what matters most relies on mind, multicomplexity, medications, and mobility. Following on Patient Priorities Care presented by Dr. Hladek, he emphasized that to align patient care with the patient's health priorities, consideration should be given to assure that

current and potential care is consistent with the patient's outcome goals and care preferences as well as to focusing communication with the patient on prioritizing care decisions, using serial trials to decide about stopping or continuing interventions. The clinician needs to go over those goals and preferences to identify what is aligned, helping, hurting, and adjust if changes are needed to align with patient priorities and preferences. This implies a big change in traditional models of care for both the patient and the provider, wherein the provider starts by asking the patients to identify what is most important to them, and the providers need to support the patients in identifying and expressing these priorities. Some strategies for alignment include making the patient priorities the center of the conversation all providers have about and with the patient, following up with the patient to see how the trials are working, and communicating as a team with the various clinicians to negotiate what is the best course of action. It also requires the patient to speak up, ask questions, and make priorities clear. To achieve this, it is necessary for the patient to talk openly, share goals and preferences, ask for help, ask questions, be specific, and write down information. Priorities may change over time as one improves or has additional health complications, so both clinicians and patients need to be flexible.

Gina Watson of AFSM led the questions and answers session. She recognized that ageing is a complex process that often includes denial. Some challenges include responsibilities to take care of oneself as well as an aging parent or other person. The caregivers must take care of their own needs, or they may end up in the hospital as well. One answer is for the clinician to see the patient and the care giver in the same visit and take both into account, even though this may not be considered in time schedules and reimbursement schemes.

What happens if the provider is not willing to make changes in the health-care plan to accommodate the patient's priorities? It requires clear communication and negotiation. If the conversation happens over and over and there are no changes, then wherever possible, another clinician should be sought.

Food and nutrition are important in ageing. The patient must decide how much change one is willing to make, and the care giver and clinician have to be accepting of what the patient wants, making sure the patient understands the tradeoffs.

A request was made for further questions and comments to be sent to AFSM to send on to the presenters.

Final words of thanks were expressed by Patricia Morge, PAHO Regional Advisor on Ageing. She reaffirmed that WHO has been promoting person-centered care in all strategies related to healthy ageing.

Summary of the Regional Presentation of the Global Report on Ageism – AFSM

Family, Health Promotion and Life Course Department
Healthy Life Course Unit (FPL/HL) Healthy Aging Program

Pan American Health Organization

The striking increase in life expectancy and the aging of the population call for the development of appropriate responses to aging and multigenerational societies in the Region of the Americas, specifically a targeted response to prevent and respond to ageism. Misconceptions and assumptions about older and younger people and ageing present significant challenges for developing an appropriate social response[1]. Ageism, which refers to stereotypes (how we think), prejudice (how we feel), and discrimination (how we act) directed towards others or ourselves based on age, has serious consequences for health, well-being, and the human rights of people. Ageism is also a major barrier to the enactment of effective policies and actions.[2]

Both young and old people experience ageism, but it takes different forms throughout the life course. Ageism intersects with other forms of bias, such as ableism, sexism, and racism, exacerbating existing inequalities and further excluding older people from society. There is evidence that one in two people worldwide is ageist against older people.[3] For older people, ageism is associated with many negative outcomes, including reduced quality of life and increased risk of violence and abuse. The recent COVID-19 pandemic has amplified the effects of ageism in older people, revealing a widespread ageism in society, particularly in health systems and health service organizations.[4]

Recognizing the urgent need to address ageism in all countries, the 194 member states of the World Health Organization asked its General Director to develop the Global Campaign to Combat Ageism. The United Nations Global Report on Ageism

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[1] Officer A, Thiyagarajan JA, Schneiders ML, Nash P, de la Fuente-Núñez V. Ageism, Healthy Life Expectancy and Population Ageing: How Are They Related?.*Int J Environ Res Public Health*. 2020;17(9):3159. Published 2020 May 1. doi:10.3390/ijerph17093159

[2] World Health Organization. (2021). Global report on ageism. World Health Organization. https://apps.who.int/iris/handle/10665/340208.

[3] World Health Organization. (2021). Global report on ageism. World Health Organization. https://apps.who.int/iris/handle/10665/340208.

[4] Da Silva Jr. JB, Rowe JW, Jauregui JR. Healthy aging in the Americas. *Rev Panam Salud Publica.* 2021;45:e116. https://doi.org/10.26633/RPSP.2021.116

is a key product of the Global Campaign and provides a framework to prevent and address ageism through three strategies that have shown previous success: policy and law, educational interventions, and intergenerational contact interventions.

In response to the need to involve the Region of the Americas in the Global Campaign and to provide an opportunity to show testimonies and strategies that exist in the region to combat ageism, the Pan American Health Organization (PAHO), Healthy Life Course Unit, launched the translations of the Report into *Spanish* and *Portuguese*, in addition to presenting the English version, through a webinar that featured the presentation of the contents of the report, the perspective of ageism throughout the life course, and reflections of a young person and an older person on ageism, as a call to action to move forward in the elimination of stereotypes, prejudices, and discrimination in all areas of society and political organization.

During the seminar,-Martha Pelaez, former Advisor on Healthy Aging at PAHO and member of AFSM, and Adam Bartholomew, member of the Youth for Health Group, presented their reflections on ageism, representing older people and younger people respectively. Both made a call to action to eradicate ageism that is embedded in society.

Martha identified “implicit ageism” as the most difficult to eradicate. Implicit ageism happens when individuals do not recognize their thoughts, feelings, and actions towards other people (or themselves), in relation to health, autonomy and independence, or the capacity to satisfy their needs and their commitment in social situations based on age stereotypes. Furthermore, individuals may rationalize such behavior by attributing it to other factors, without recognizing it as a problem. Adam Bartholomew, pointed out that as a young man he has not experienced ageism but he draws attention to cases of people over 60 years of age, like his school principal or his father in a few years, who are and will be forced to retire in their country, mainly because of legal definitions based on chronological age rather than on an evaluation of their aptitudes and abilities, generating consequences not only in the lives of these people but in that of those who surround them and interact with them, such as students or family.

From a Life Course perspective, ageism has implications for the development of life and health for people of all ages, individually and collectively, as well as for all other aspects of society, including labor and financial markets, the demand for goods and services, and the economic stability of the different generations.

To combat ageism throughout the life course, Dr. Carolina Hommes, Advisor to PAHO's Healthy Life Course Integrated Approach, presented a series of challenges that lie ahead. Among them, developing approaches centered on the person and his/her context over time; restructuring health programs to align them with an intergenerational perspective that puts individuals at the center and develops a vision that builds human capacity for health as a resource. For this, it is necessary to formulate indicators that make the concept of health tangible and measurable, and to ensure that prevention policies and interventions address social inequalities in health throughout life, particularly in critical periods of development, with a life course perspective that focuses beyond disease, and offers a longitudinal, multisectoral, and comprehensive approach to health services.

Alana Officer, WHO Unit Head on Demographic Change and Healthy Aging, presented the contents of the Report and the Campaign, including strategies proposed to combat ageism. Research indicates that intergenerational contact interventions and educational interventions are among the most effective in reducing ageism against older people, and they also show promise in reducing ageism against younger people. Additionally, interventions that combine education and intergenerational contact have a slightly higher effect on ageist attitudes than intergenerational contact interventions alone.

These strategies were presented with the different perspectives from the countries in the region. Each of the presentations provided concrete examples of how to combat ageism.

In the case of Costa Rica, presenting on policies and laws, the representative of the Ministry of Health, Flor Murillo, highlighted the relevance of the Inter-American Convention on Protecting the Human Rights of Older Persons, and how, once Costa Rica ratified it, different legal strategies and legal frameworks emerged from this regional document. The Convention is the first regional treaty that fully protects the human rights of older persons and explicitly prohibits discrimination on the grounds of age (article 5); promotes positive attitudes and a dignified, respectful, and considerate treatment towards older people; and encourages recognition of the experience of older people, as well as their wisdom, productivity, and contribution to the development of society.

In regard to educational interventions, Prof. Dr. Daniel Schuch presented the activities and strategies carried out by the “Center for Extension and Care of Older People” of the Catholic University of Pelotas and the program “Universidade Aberta

da Maturidade", a university program aimed at involving students over 60 years of age. Through the educational extension program, different projects are carried out with the aim to strengthen interpersonal and intergenerational ties; to work on the development of activities for older people, putting them at the center; and to contribute to and promote other extension projects that facilitate the promotion of the health of older people and integration among the students.

Lastly, Mioshi Moses, the Vice President of the Experience Corps Program of the American Association of Retired Persons (AARP) outlined the strategies for intergenerational interventions carried out by the Experience Corps Program and how it can contribute to combating ageism, as well as reducing the enormous economic and human cost that ageism imposes on older people and society in general. Experience Corps is an intergenerational program that links children from kindergarten through third grade with older people, in which the seniors serve as tutors and accompany the young students in learning to read. In this way, strong ties are built that have demonstrated substantial improvements in the learning of boys and girls, as well as in the development of older people.

The strategies presented in the Global Report on Agesim, as well as the specific examples presented in the webinar for the Region of the Americas, call for an agreement among all the actors of society to work in a coordinated manner, placing the interest of people and the respect and consecration of human rights at the center of each action and decision.

The Global Campaign to Combat Ageism is an opportunity to continue working on public policies, intergenerational strategies, and educational proposals that aim to build societies that are increasingly free of prejudice, stereotypes, and discrimination, to create a world that is fair to all people.

We invite you to join the campaign via Twitter to promote a world for all ages (Twitter link: #World4AllAges).

For access to the recording, all the presenters' PowerPoints, and additional information, please visit PAHO's webpage dedicated to this launch event: https://www.paho.org/en/events/launch-global-report-ageism-americas.

Where are they now?

By Mena Carto

It is 4.30 AM. I am sitting by my front door with coffee in hand, dressed to go for my 5 AM walk. It is all peaceful and calm. There is still a wisp of a moon, a few stars in the sky, and the birds are beginning to whistle. As the fresh cool air caresses my face, my thoughts begin to drift and I begin to ponder, what does today hold in store for me? It is my day. Every day is my day, to spend how I want. And I think….. Isn't it just wonderful to be alive! This is my daily nirvana moment - a perfect way to start the day.

As I embark on my walk, it is still dark. I see very few souls and I am happy for the moment of solitude. My brain is fresh at this time and hungry for knowledge, so I tune my phone into WHO podcasts, TED talks, the BBC news, or whatever else that the brain can absorb. As the sun begins to peep out, I end my walk to join my two-year old German Shepherds on my back patio, with coffee again and newspapers in hand. I hug my two dogs and they 'hug' me in return – the love is unconditional and reciprocal. One dog is domineering and the other is a gentleman. Putin and Obama are their names; you be the judge of who is who….

Now retirement? What retirement? Technically speaking I have never officially retired. You see my last full-time job with a US-funded PEPFAR Project[1] that ended when I was age 55. So, there was no 'retirement' ceremony for any of the staff, with the accompanying speeches and trimmings and trappings. We all simply disbanded and went our different ways when the project ended. So mentally, I have not quite internalized this retirement thing – you see, I didn't receive a retirement plaque, nobody cried when I left, and there were no soppy speeches.

My career over the years has been quite an 'eclectic' one. I started out as a qualified Pharmacist working with the Ministry of Health of Guyana, then moved on to PAHO Guyana in 1985, firstly as Documentation Assistant, and then Administrative Assistant, while I acquired a degree in Business Administration. I left PAHO in 2000 with heavy heart after reaching the top of my scale and with no further opportunity for promotion, to take up the more senior position of Operations Officer with UNICEF Guyana. It was after this that I moved to the US-funded PEPFAR HIV Project as Program Officer, while completing my Masters in Public Health (MPH). Since the conclusion of this project in 2011, I have done a series of consultancies (mostly HIV-related), a number of which were UN-funded. At the now ripe age of 66, I still do the occasional consultancy whenever I so choose. However, my repertoire has expanded to include report-writing for conferences, workshops, etc., on any subject matter, that undoubtedly has increased my knowledge of a broad range of subject areas.

[1] PEPFAR: The US **President's Emergency Plan for AIDS Relief**

I still live in Guyana, my home country, which is where I have always wanted to be – despite our economic and political problems over the years. With our new-found oil, we are touted to be the next oil mecca of the globe. Alas, I am hardly likely to experience the wealth that will likely materialize well after I have completed this last quartile of my life.

So how do I spend my time now? With the years kicking in, I now focus on healthy living – a pescatarian diet, exercise, yoga, and positive thinking. Within the past two years, I have shed the meat in my diet and am now a great friend of lentils, soy, mushrooms, nuts, and any form of plant protein. Google has become a close ally in seeking menus and YouTube has become the best cooking class. When cooking Indian food, jeerah (cumin), methi (fenugreek), kala channa (black chick peas), and a range of Indian spices have become my close friends. When cooking Chinese food, ginger, soy products, mushrooms, and the different Chinese spices are equally close friends. My close neighbours have become my 'guinea pigs' in sampling my culinary experiments. I invite them once a week to indulge and they all say that they like my 'mumbo jumbo' dishes – even though I suspect that on some occasions they are just being polite.

At age 66, I am thankful that my ticker is still ticking in sync, my joints still move in coordination, and my brain cells are in sufficient numbers to allow for reasonably good memory. I became totally grey at the age of 40 and am fondly referred to as the 'platinum blonde', a description which I quite like. I like it even better when they tell me that I am still 'sparking' (looking good). While the memory has not quite faded, I must admit that there have been times when I am looking for my sunglasses and it turns out that I am actually wearing them, or I am looking for my cell phone and I have left it in the kitchen cupboard or…. But I strongly suspect that my addictive twice-weekly highly competitive scrabble games are helping to stave off the Alzheimer's – and I love the look of consternation on my partner's face when I play unorthodox words such as 'qinc', 'squail', 'squiz', 'sjoe', 'ze', etc.

As we grow old, I believe that relationships matter to us even more and I especially cherish those within my circle. This year will mark 40 years of my marriage to a very kind, tolerant, and God-fearing human being – a union that has brought forth one son. Regrettably, he lives with his wife thousands of miles away in Maryland, US, and we see them only once or twice a year. They are both US-trained chefs, having met during chef school. My son's wife is from Mumbai, so I fondly refer to them as my Bollywood couple (Shah Rukh and Aishwarya Rai). The last wish on my wish-list is to be called 'grandma' by a sweet little voice, so both 'Shah Rukh' and 'Aishwarya' have included this activity in their program plan to be realized at the appropriate time.

My gal pals are especially close to my heart and I absolutely love 'chilling out' with them and talking 'stupidness' as we say in Guyana - to free up the mind and relieve the stress. I very actively pursue friendships that resonate with positive energy but avoid pessimists and groaners like the plague – negative thoughts are a waste of mental energy.

Volunteerism continues to be part of my life even though I have now taken on more of a back seat mentorship role in most of the organizations of which I have been a part - the Lions Club (member for 30 years), the Guyana Family Planning Association, Guyana Pharmacists Association, etc.

However, it is always a great honor to be very fondly called ‘mama’ by some of the more youthful members of these organizations.

Travelling has always made me tick, and over the years my husband and I have been privileged to see a fair bit of the globe – India, South Africa, Zimbabwe, Australia, New Zealand, Cambodia, Vietnam, the Caribbean, Hawaii, North America, South America, and most of Europe, among other places. We had hoped to do much more travelling in recent years, however Covid did put a spoke in our wheel temporarily. While I understood the need for the lockdowns and curfews during Covid, I swore that I would die faster from social isolation than I would die from Covid.

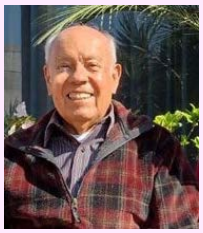
As I come close to the end of my story, it would be remiss of me not to mention my fondest memories of the 15 years that I spent with PAHO. I had the great privilege of working alongside at least 4 PWRs – Bekele Zeleke, Peter Carr, Veta Brown, and Bernadette Theodore-Gandi. They each had their own special styles of management as we worked in tandem to ‘carry’ the office on our shoulders. The PWR and the Administrative Assistant Officer were required to be the chief ‘police officers’ of the office – and highly accountable to the high-powered PAHO Washington auditors whenever they visited to ‘interrogate’ us. The team spirit and camaraderie among the office staff are among my best memories – the Friday after-work lunchroom gatherings, the staff outings, the Christmas parties, etc. As I reflect, the names that come to mind are Vaulda, Glenda, Wilton, Philip, Faried, Fred, Marlyn, Sherry, and even Granville Brown who was adopted as part of the crew. The PAHO squaddies from other field offices with whom I built relationships included the PAHO Staff Association Executive Board of which I was a part - Luz, Rolando, Yvette, Carol, Miriam and Bob Aguirre, Rocio, Carolina, Gustavo, Pedro, Leo, and so many others. It was an especially poignant moment when Luz, Rocio and I happened to be attending a FICSA meeting at WHO HQ during the time the elections for a new WHO Director-General were in progress. The contenders were Sir George Alleyne and Gro Harlem Brundtland. The results are now history, but we were honoured to be able to embrace Sir George after the elections were completed.

Last but not least were my interactions with my Spanish-speaking colleagues within PAHO. While we English speakers came to accept that the average Spanish-speaker would use 20 words to say what we would say in 10, we loved their warmth, their culture, their food, and their plentiful songs and dances. My PAHO experience was all the more rich for this exposure – especially since I was able to somewhat communicate in Spanish.

As I continue to enjoy the simple things of life – the fresh air, the plants, the trees, the sunset, and the full moon, I close by saying that ‘Life is what you make it, so make the most of it”.

Obituary for Fortunato Vargas Tentori

By Juan Manuel Sotelo



Fortunato was born in Mexico on 22 June 1925 and died on 28 April 2022. I met him in Lima when my father invited him to dinner at home. I was a high school student and was fascinated by the simplicity with which my father's friend referred to exercises that he learned in India that helped him to stay slim. He showed us how they were done, placing his body parallel to the wall for a while, and soon we all found ourselves glued to the wall imitating him. At that time, Fortunato was the PAHO/WHO Representative in Bolivia.

A few years passed before I found him again; this time it was also in Lima. He was the PAHO/WHO Representative in Peru and I had recently graduated as a doctor, returning to my country, and in need of reconnecting with Peru, since I did most of my university studies in various other countries. Fortunato told me about a project that he supported in Cusco that would be suitable to help me with the reconnection I was seeking. My initial idea was to go to Puno, but I followed his advice, since in addition to giving me good reasons, Fortunato had a particular ability to connect with generations different from his own.

The path he traveled professionally was unique, extremely active, and full of seasons that enabled him to contribute significantly to the health and wellbeing of many. In Michoacán, his home state, he began his career in the lake area of Pátzcuaro, where years later, already retired from PAHO, he enthusiastically showed me the places of his origins, introduced me to the cosmic vision of the indigenous communities of the area, and told me about his training initiatives focused on them.

He served in India and Nigeria for WHO, then in Bolivia, Peru, Chile, Venezuela and the United States for PAHO. He always worked with pragmatism, thinking of people and communities, an outstanding characteristic for those who hold strategic and managerial positions.

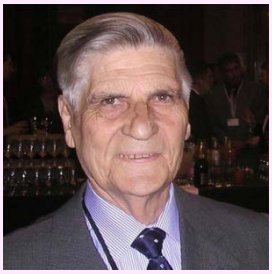
Coinciding with Fortunato again in his beloved Mexico, he did not hesitate to join my team as a consultant, this time on aspects related to inclusion, health services, community action, and cultural issues that affect health. Throughout those years, Fortunato lived between his beloved Morelia, the capital of Michoacán and the Desert of the Lions, very close to Mexico City.

I have had the privilege of knowing his family and appreciating the values with which he built his home. Like many of us, Fortunato passed through several countries with his family, enabling them to grow and develop on a privileged path.

The Association of Former PAHO/WHO staff sends its condolence to his wife María Eréndida Anguiano Roch; his children Eugenio, Luis, Enrique, Eduardo, and to the rest of the family.

Obituary for Raul Casas Olascoaga

By Jaime Estupiñan



ASFM regrets to inform of the death of Raul Casas Olascoaga, on 22 February 2022, in Montevideo, at the age of 95. Raúl, of Uruguayan origin, joined the Pan American Health Organization in 1973, as an international consultant at the Pan American Zoonoses Center (CEPANZO-PAHO/WHO) in Argentina. He was later appointed Director of the Pan American Center for Foot-and-Mouth Disease (PANAFTOSA) in Brazil from 1976 to 1991. During the years he was Director of PANAFTOSA, the implementation of the Hemispheric Program for the Eradication of Foot-and-Mouth Disease began, and important advances were made in the fight against this disease, which were recorded in the continent.

Raúl graduated as a Doctor of Veterinary Medicine from the University of Uruguay and did postgraduate studies in microbiology and infectious diseases. Before joining PAHO, he held various positions in the public-private animal health sectors in Uruguay and the United States.

Since his return to Montevideo, he was dedicated to the University of Uruguay as Emeritus Professor of the Veterinary School, private practice, and the National Veterinary Academy, as President and Full Time Academician.

He is survived by his wife Gladys Silva Velazquez and his son Raul Alejandro with his wife Tanya and their beloved grandchildren Lucia, Sebastian, and Raul Angel.

Article of Mutual Interest from AFSM Quarterly News

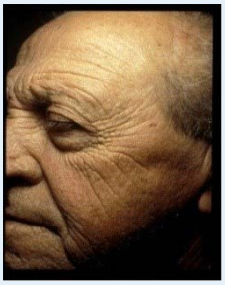
April 2022

Ageing of the skin; prevention and care

By David Cohen

Skin problems are more common in older people. With age, the skin becomes thinner, less supple and more fragile. This skin ageing is also the consequence of external factors: exposure to UV rays, smoking, pollution, alcohol. It results in particular in wrinkles, degeneration of the elastic tissue of the dermis, pigmentation disorders, proliferating lesions, etc.

Photoageing



Chronic exposure to sunlight causes ageing of the skin (dermatoheliosis), by destruction of collagen. This leads to fine and coarse wrinkles, a rough, cardboard-like texture, mottled pigmentation, lentigos (freckle-like spots), shallow skin tone, and telangiectasias[1]. These spots and moles are especially present on certain areas: hands, forearms, face. They are generally not serious, but the spots located on the face, in particular if they look different from surrounding skin and are darker, may conceal a Dubreuilh melanoma[2] (or *lentigo maligna melanoma*).

Age spots and benign lentigines (liver spots) are unlikely to deteriorate. It is still necessary to check regularly with a dermatologist that the problem is indeed benign!

How to treat photoageing: Since true sunspots are harmless, there is no reason, except cosmetic, to remove them. Liquid nitrogen (cryotherapy) or superficial CO_2 laser can "burn" them off and give the skin a new look.

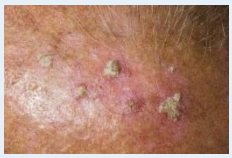
Keratoses (Thickening of the *stratum corneum*, or outer layer of the epidermis)

Seborrheic keratoses (seborrheic warts) are usually wart-like growths that are flesh-coloured, brown, or black in colour and can grow anywhere on the skin, increase in size, and turn red or brown. They may itch or burn. Many patches can

[1] Permanent dilation of a small vessel (arteriole, blood capillary, venule) located in the dermis.
[2] Dubreuilh's melanoma occurs almost exclusively in the elderly, its clinical appearance is that of a spot that extends gradually over several years, most often on the face, cheeks, temples or forehead.

be observed close together in one area. They appear especially in areas of friction (folds under the breast, armpit, groin, etc.). They are absolutely harmless.

Actinic keratoses[3]



Actinic keratoses are raised spots that are the same colour as the rest of the skin. Since chronic sun exposure is directly involved, any exposed body part is at risk, including the scalps of people with baldness!

In the absence of treatment, while some actinic keratoses may disappear spontaneously, others could transform into squamous cell carcinomas (a form of skin cancer).

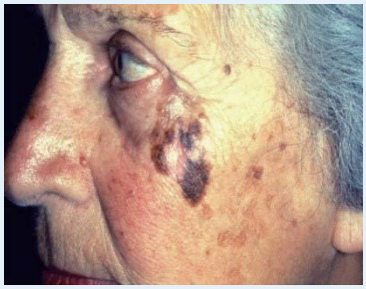
Basal cell carcinoma (another form of skin cancer)

This is the most common skin cancer affecting people over the age of sixty, especially on the face and neck. At first it looks like a small waxy lump which tends to spread out to form a red or whitish plaque which spreads locally, but does not metastasize.

The treatment is surgical, with a margin of several millimetres of healthy tissue around the cancer. In very superficial forms, dynamic phototherapy also gives good results.

Squamous or squamous cell carcinoma, is less common, and develops on the outer layer of the epidermis.

Melanoma



Melanoma can be found anywhere on the body, including in hidden areas (scalp, skin folds, under the feet and between the toes), as dark spots that have recently appeared, or whose appearance is changing. Look out for any change in size, shape, thickness, in colour (a mole that gets increasingly darker), or has an irregular shape, or if it starts bleeding or itching. Any of which requires a consultation with a physician as quickly as possible. The incidence of cases of Melanoma is steadily increasing. It is the most dangerous of skin cancers because it often progresses to metastases. Keeping out of the sun, especially if you have fair skin that sunburns quickly, is the only way to protect yourself.

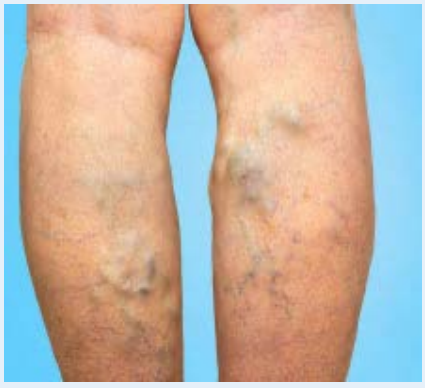
[3] Radiation with a chemical impact, e.g., ultraviolet rays.

Sensitivity to the sun's rays varies greatly between people, and mainly depends on the amount of **melanin** contained in their skin. The skin is classified into 6 types (I to VI) in decreasing order of sensitivity to sun damage (Fitzpatrick classification of skin types).

Senile pruritus, a disease characterized by itching, is linked to a skin or general condition. It is recommended to apply medications designed to prevent itching, in order to avoid the scratching of lesions which increases the risk of infection. To relieve itching, apply moisturizer daily in case of dry skin, avoid perfumed products. Treatment should be directed at the cause (etiological) when possible. Avoid situations that increase itching: high ambient temperature, dry air, and use of skincare products that can increase skin irritation. Emollients based on petroleum jelly, liquid paraffin (paraffin oil and glycerol) are recommended, several times a day and preferably shortly after washing (shower or bath). Topical use of weak corticosteroids is also recommended.

The venous ulcer is associated with an insufficiency in the return of venous blood, which collects at the level of the legs, hence a feeling of heavy legs, numbness, tingling, edema (swelling), varicose veins.

Brown spots, *ochre dermatitis*, appear on the skin and weaken it. Reddish patches of *varicose eczema* appear and cause itching. A blow or intense scratching can lead to the appearance of a raised area: the venous ulcer. For the treatment to work, it is necessary to treat not only the wound but also the cause of the venous-flow problem.



Other common attacks in the elderly: shingles, erysipelas (skin infection), fungal infections, eczema; bullous pemphigoid (generalized blisters on the skin) is rare, but serious.

Skin care

The basis is gentle cleansing and the use of oleaginous moisturizers. It is necessary to replace the traditional soaps by substitution soaps with neutral PH. If a traditional soap is nevertheless used, choose a soap rich in vegetable-oil, or a glycerine soap. Baths and prolonged exposure to hot water should be avoided. After washing, moisturizing body lotions and creams can be used.

In conclusion, if any suspicious or evolving mark on the skin is noticed, do not hesitate to consult a specialist.

Sources:

Chronic Effects of Sunlight
By Julia Benedetti
MD, Harvard Medical School
https://msdmnls.co/3LGFIHW
MSD Manual professional version
Last full review/revision Dec 2021. Content last modified Dec 2021

Vieillissement cutané
Physiopathologie et thérapies innovantes
(Skin aging: Pathophysiology and innovative therapies)
Médecine/Sciences. Volume 36, Number 12, Décembre 2020
https://www.medecinesciences.org/en/articles/medsci/full_html/2020/11/msc200325/msc200325.html

Vieillissement cutané et pathologies dermatologiques fréquentes du sujet âgé *(Skin ageing and frequent dermatological pathologies in the elderly)*
Dr Feriel FENNIRA
Dermatologist, Hôpital Rothschild, 5 rue Santerre, Paris 75012, France https://bit.ly/3Jy9e0u

In Memoriam

DEATHS INFORMED IN 2022
AND NOT PREVIOUSLY REPORTED

Jose Maria Perez Carrion	**6 April 2022**
Mario Boyer	**15 April 2022**
Jose A. Morales	**22 April 2022**
Fortunato Vargas Tentori	**28 April 2022**
Julio Roberto Jimenez	**19 June 2022**
Loraine Antoinette Reid	**18 July 2022**

Our sincere condolences to:

Norma Gandolfo for the death of her sister Dora
Matilde Maddaleno for the death of her husband Gaston Rojas Marin

PAHO's Time Capsule to be opened in 2052

Perhaps many do not know that, in 2002, as part of the PAHO 100th anniversary, a time capsule was built and filled with official documents, statements, books, and promotional items that record the history of the Organization. The capsule will be opened only in 2052, when the Organization reaches its sesquicentennial, that is its 150th anniversary.

On 2 December 2022, PAHO will celebrate 120 years of continuous work to improve the public health and well-being of the population of the Americas. The Organization is going to commemorate this anniversary by organizing events throughout the Region to highlight its challenges and achievements.

The Centennial capsule was buried in the external gardens of the headquarters building on April 7, 2002, during the Walk for Health, with the participation of 400 people, including PAHO personnel, family members, and partner organizations, to commemorate World Health Day.

The capsule also includes letters from several PAHO employees, including former director George Alleyne, with their predictions about the state of health in the region in 2052.

A copy of the time capsule was produced by the PAHO office in Brazil and is kept at the National Health Foundation in São Paulo.

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